



# *The Nation's* HEALTH FACILITIES

*n Years of the Hill-Burton Hospital and  
Medical Facilities Program*      1946 - 1956

Prepared by

LESLIE MORGAN ABBE and ANNA MAE BANEY



U.S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE - Public Health Service  
Division of  
Hospital and Medical Facilities - Program Evaluation and Reports Branch

## FOREWORD

The year 1946 is a major landmark in the history of public health in the United States. This year marks the beginning of comprehensive planning for health facilities throughout the Nation, under the stimulus of the Hospital Survey and Construction Act. This Act, popularly referred to as the Hill-Burton Act, brought about planning in every State, as a prelude to Federal assistance in the construction of health facilities through a cooperative program with States and local communities.

A report in 1949, "The Nation's Needs for Hospitals and Health Centers" summarized the inventories and programs of construction first developed by the States under the new Federal program. The report has become a standard reference of much historical value, although its information is long since out of date (24).

In the decade since 1946, substantial progress has been made both in planning and in constructing health facilities. In 1954 the scope of Federal assistance was broadened to include facilities for long-term care, rehabilitation, and the care of the ambulatory patient. A beginning has now been made on construction of these facilities, after a period of inventory and planning similar to the initial stage of the original program.

This publication reviews, as of July 1956, the status of each type of health facility reported by the State Plans under the Hill-Burton program. These plans now include substantially all types of health facilities of the Nation except Federal facilities and private offices of physicians and dentists. For highlight reference, background data and a synopsis of the 1956 status are presented in Part A. The publication contains much new analytical material in Part B, particularly for general hospitals in metropolitan areas, general hospital service regions, and psychiatric units in general hospitals. All of the reviews are supported by extensive appendix tables. Because of the necessary time involved in preparing a comprehensive analysis of the 1956 State Plans, limited data for January 1, 1958 are added, for convenient reference, in a supplement to the appendix. The analysis was prepared under the general direction of Mr. Maurice E. Odoroff, Chief, Program Evaluation and Reports Branch of this Division.

It is hoped that this publication will be helpful in providing perspective about the complex pattern of health facilities involved in protecting the Nation's health.

Vane M. Hoge, M.D.  
Assistant Surgeon General  
Chief, Division of Hospital

## ACKNOWLEDGMENTS

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## EVOLUTION OF HEALTH FACILITIES

### Early Hospital Development

There is no record of hospitals in the early days of the American colonies. Efforts for the care of the sick were incidental to shelter for the poor and fortunate through almshouses. The first of these was founded in Philadelphia by William Penn in 1713, followed soon by others in New York and Charleston. The famous Charity Hospital in New Orleans, dating from 1737, was originally both a hospital and a refuge for the indigent. Seaport towns also were establishing crude isolation hospitals for quarantine protection against contagious diseases. The first bona fide hospital in the United States solely for the physically and mentally ill, without regard to economic status or race and creed, was established in Philadelphia in 1751 and was known as the Pennsylvania Hospital. This project was launched by a grant from the Pennsylvania Assembly amounting to 2,000 pounds, conditioned on equal population subscriptions uniformly devised by Benjamin Franklin. Other early hospitals grew out of a need to provide a place for clinical practice for medical schools, in New York, Massachusetts and Connecticut. These early hospitals were chiefly of voluntary sponsorship, outside of public or church sponsorship, and in this respect evolved on a different basis than the European. For the next century, hospital construction progressed very slowly. When the first census of hospitals was made by the U. S. Bureau of Education in 1873, only 17 hospitals were listed (?).

### Changing Concepts

During this period of slow growth, ideas were changing with regard to the place of the hospital in society. It ceased to be considered principally as a place for the care of the indigent sick and became a place for treatment of illness for people of all classes and social status. Ideas were growing, also, about what is required for adequate care of the sick, as well as the concept of preventive medicine.

### Expansion of the Hospital System

In the early years of the 20th century rising levels of income made possible the development of a local basis to meet the broadened demands for hospital care. The private fortunes which were being created through our era of industrial expansion contributed largely to the building of hospitals. In 1909 a hospital census showed 4,359 hospitals. This number continued to increase through the prosperous decade following World War I and reached a total of 6,852 hospitals in 1928. Nearly all of this remarkable expansion occurred within fifty years (?).

### Hospital Planning

The era of expansion had proceeded with very little conscious planning for facilities as related to real need. The first formal planning based on a measure of requirements dates from 1920. In the same year the New York Academy of Medicine conducted an extensive study of 180 private and municipal hospitals in greater New York City. Its purpose was to find out whether there were enough hospitals to care for all sick people in New York in need of such services. The study report in 1921 showed a total inven-



Many new hospitals were built without any government effort or private philanthropy. The distribution was uneven, with over some communities and complete lack of facilities in others. In 1928 at the expansion, over 15 million people in more than 1200 counties were without. Besides this, popular understanding of the role of a hospital in a community was shifting very slightly (16). In many places, the earlier attitude still held that a hospital was either a place of last resort in the most extreme illness or a place for the unfortunate sick who had to rely on public charity. Hospitals and great medical schools provided services in accordance with the most advanced medical practices, but these reached only a comparatively few people.

With the coming of the depression in 1929, new hospital construction almost ceased. More than 700 hospitals were unable to find operating funds and (16). The massive public works program of the depression years included grants for construction and remodeling of hospitals and assisted the general public somewhat but the emphasis was solely upon the employment value of a public works program.

Hospital construction remained at a minimum during the subsequent years of the War II. An emergency program under the Lanham Act provided Federal grants to build some health facilities in communities which had greatly increased production workers connected with defense activities. However, growing shortages of health personnel and increasing shortages focused national attention on the need for hospital construction as a major aspect of postwar planning.

A Commission on Hospital Care was organized under the sponsorship of the American Hospital Association and the Public Health Service in October 1944 to study of actual needs. State officials and the medical, nursing, and hospital associations were aware of the need, which had already been described by the Surgeon General's Public Health Service in July 1944 before the Senate Subcommittee on Health and Education.

In January 1945, legislation was introduced by Senators Hill and McNamara embodying the principles developed by the Public Health Service and the American Hospital Association for a program of Federal assistance in hospital construction, modification and extensive hearings, the bill was enacted in August 1946 as the Hospital Survey and Construction Act, becoming Title VI of the Public Health Service Act (Law 725, 79th Congress).

### Other Health Facilities

Public interest in the development of most health facilities other than hospitals is of relatively recent origin. The public health centers which serve as the basis of local health departments for environmental health and a wide range of other services for the health of the community began about 1916. Some organizations of this type were found in a few communities a generation earlier.

A heightened public awareness of the need for other facilities resulted in the VI of the Public Health Service Act being amended in 1954. These amendments amended the Hill-Burton Hospital Survey and Construction program to provide Federal assistance for the construction of diagnostic or treatment centers, nursing homes and rehabilitation facilities (Public Law 482, 83d Congress). Briefly, these new categories developed are follows :

Clinics for diagnosis and treatment of ambulatory patients developed chiefly as outpatient departments of major hospitals, although independent clinics began to arise with the same philanthropic support which made possible the large increase in hospital construction after 1930. The development of group practice clinics as a pooling of professional skills is a relatively recent form of such facilities.

Proprietary nursing homes and boarding homes developed as a replacement for public almshouses. They are very largely a consequence of the Social Security Act of 1935 which provided financial assistance to the needy aged, although a small number of nonprofit nursing homes had existed previously with religious, fraternal, or philanthropic support.

Rehabilitation facilities began as a means of vocational training and guidance for disabled and handicapped persons. The present concept of an integrated program with emphasis on medical supervision is comparatively new.

## THE HILL-BURTON PROGRAM: NATURE AND RESULTS

### Philosophy

The underlying social philosophy of the program under Title VI of the Public Health Service Act is that the health of the Nation is a national resource and that Federal leadership and financial encouragement are warranted and necessary in establishing a national network of facilities for hospital and medical facilities. For this purpose, comprehensive planning by the States themselves is regarded as essential, based on careful inventories of existing facilities, while local initiative and local financing must be provided for each specific project in accordance with the State Plan, if Federal assistance is to be provided.

No distinction is made between public and private sponsors of projects aided, and no personal gain or profit from the operation of the hospital is not involved. This is believed to be the first major example of Federal assistance to nonpublic group health care for the public good. Such action was found essential to a comprehensive program, because of the national nature of the entire existing hospital system, which had evolved to a large extent under private auspices.

Principles of equalization are basic to the program. This applies both to the distribution of Federal funds among the States and in the Federal percentage of cost reimbursable for a given project. States of low income receive a larger sum per capita annually and are entitled to a larger Federal share per project than are high-income States. In each State a priority system, related to relative need, is required in order to equalize as quickly as possible whatever unequal distribution of facilities was found to exist initially.

### Operation

Comprehensive planning was the keynote of the program provided by the Hill-Burton Act. This was a great step forward, since previously only scattered efforts at general planning had appeared, for limited areas. The initial surveys and inventories which preceded the development of a long-range program for each type of hospital in each State were conducted by a single agency of the State government, usually the State Health Department. The inventory was required to distinguish between acceptable and nonacceptable facilities, (based on health and safety hazards), in deciding their suitability for inclusion in the long-range plan. The development of a State Plan in each State and its subsequent planning phases have been kept in touch with local conditions and needs by requiring the State Health Council in each State and by advance publication before any plans were finally adopted. Annually, a construction schedule of eligible projects is required of each State, based on the priority system of each State and the amount of grant funds available.

In 1954, the scope of the original program was expanded by increased emphasis upon long-term care, through special funds for chronic care hospitals, homes, and rehabilitation facilities, and for diagnostic or treatment centers care of ambulatory patients.

## Results

After a decade of working experience, the Federal assistance program construction of hospital and medical facilities has several kinds of results. Gains have been substantial, both in the quantity of health facilities and distribution. The capital funds involved have been important in the economic communities assisted. Perhaps even more significant are the achievements, Federal leadership, in establishing new concepts for planning and carrying out construction gains, and through new operating practice arising in their execution.

Concepts. -- After comprehensive planning was made the keystone of the Federal-aid program for health facilities, the first great consequence has been development and practical use of standards. The idea of standards in this field still very imperfectly worked out prior to the passage of the Act in 1946. The Commission on Hospital Care afforded important background for many of the program itself has laid down standards of quantity and distribution, standards of services, standards of design and equipment, and the idea of planning a flexible process.

1. Standards of quantity are basic to a capital program involving expenditures. The Act of 1946 set up measures of bed requirements in accordance with the best professional judgment of the time, as an upper limit beyond which Federal assistance would not be provided. The relations of the program included these measures as standards of adequacy. For each category of hospital, the medical need, rather than ability or willingness of the community to seek hospital service, was the basis followed. The number of beds needed was related to population, for type of hospital except tuberculosis hospitals (where mortality was a measure of the variable extent of the disease was used). For general hospitals, standards of distribution recognized a differing scale of service in large and small communities.

2. Standards of quality were implicit from the beginning of the program through the declared purpose of the Act, "... to afford the necessary physical facilities ... for adequate ... services to all the people. Furthermore, the States were required to adopt standards for design and operation of hospitals built with Federal assistance. Specific aspects of quality became a part of the statute in the 1954 amendments. Nursing homes are required to provide skilled nursing care. Rehabilitation facilities are required to be of a comprehensive type, offering fully integrated program of medical, vocational, psychological, and social services under medical direction within each facility. Diagnostic or treatment centers are required to have professional supervision by persons licensed to practice medicine or surgery in the State, and operated in connection with a hospital.

3. Standards of design have provided minimum requirements of a safe and efficient structure, in accordance with modern medical practice. The example of good design and construction in facilities receiving Federal aid has had an influence far beyond the projects themselves, and has been studied widely both at home and abroad. Equipment guides have assisted greatly in obtaining adequate hospital equipment.

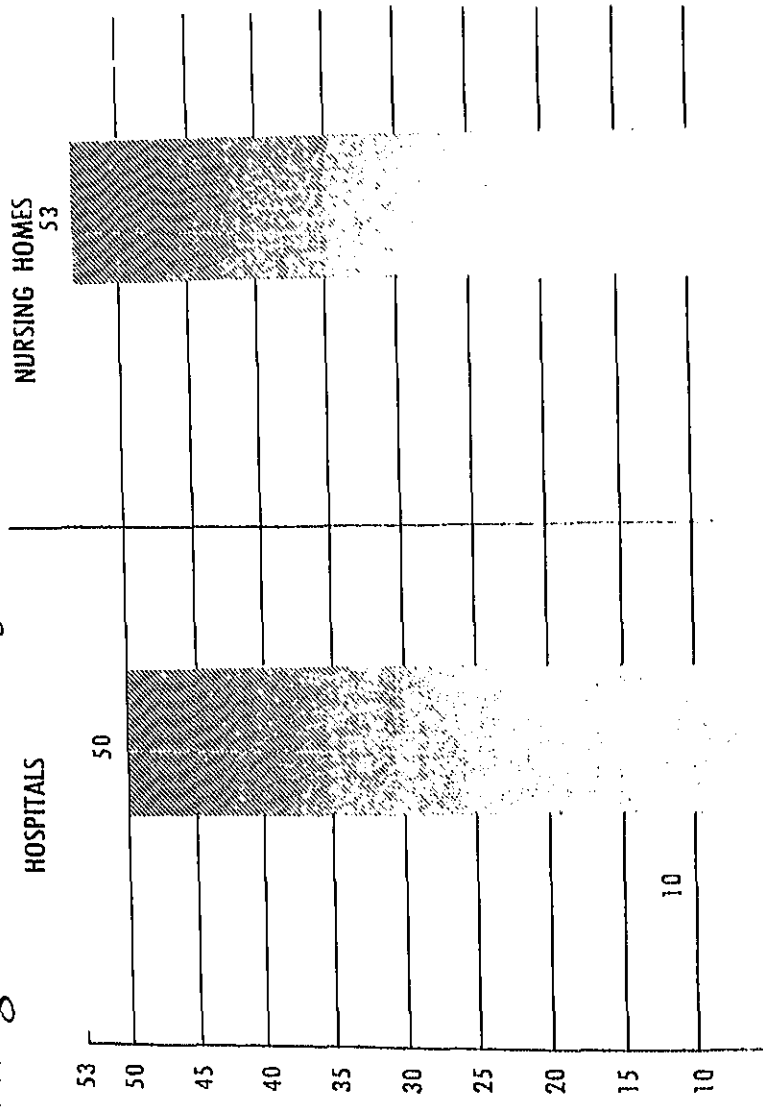
A second major advance in ideas brought about by this program has been in the fiscal arrangements. Study shows that the grant-in-aid principles of the Act went far beyond earlier practice in seeking to recognize equitably major differences in local financial ability, and in Statewide and local remaining need as identified by the several State Plans. Not only was a variable matching effort established for projects in States with differing fiscal ability, as measured by average income, but an alternative type of variation was also set up in the amendments of 1949. Under this option a variable rate of grant can be established within a State, instead of a uniform rate throughout the State, in order to recognize differences in local community ability. The basic principle for apportionment of a given appropriation among the States has been adopted subsequently in other Federal programs, such as the statutes providing Federal aid for school construction and operation, in communities materially affected by Federal activities.

Another area of leadership under this program is that of research in the effective development and use of hospital service facilities and resources. Since 1955 Federal funds of \$1,200,000 annually have been applied to seek answers in this field. The wide latitude is allowed in the free application of scientific methods, once project applications have been screened by a review committee with many professional backgrounds. Grants have been awarded to government and private groups, including universities, hospitals, and national or local organizations. This type of joint effort is a direct stimulus towards improving patient care.

Operating Practice. -- Achievements in operating practice under the Hill-Burton program include several notable indirect effects. These results could not be predicted with any assurance beforehand, but together they amount to a highlight in social achievement related to health needs.

1. The first such unexpected gain is in the example of cooperation between government levels. A single agency of the State government, in program planning and operation, has provided a wider perspective than would have been possible if the Federal government were dealing directly with individual communities. This has facilitated administration at the Federal level, by avoiding the arbitration of duplicating or competing claims within a State; but, more importantly, it has provided a means of recognizing and working with professional and lay interests within each State. Medical societies, hospital associations, nurses' associations, farm groups, and civic organizations have all contributed. Within a broad framework of regulations, many decisions have been left to the State agencies. In consequence, this Federal-aid program has come to be regarded by legislators, students of public affairs, and laymen as an outstanding example of effective cooperation between public agencies at Federal, State, and local levels, in achieving a national program reasonably adjusted to wide differences in the land and its people.

*Percent of the Hill-Burton program spurred hospital nursing home licensure by the States.*



2. The second unforeseen gain has been in licensure laws. Prior to the program, few States had laws and regulations for standards of hospital operation. The Hill-Burton statute required States to adopt regulations for the maintenance and operation of these new facilities built with Federal assistance and to have statutory authority for enforcement. This requirement set up a chain reaction of new State licensing laws. Today all but a few States have adopted general licensure laws and minimum operating standards for both hospital and nursing homes, not merely confining their statute to the regulation of Hill-Burton facilities (Chart 1).

3. The third achievement in operating practice is the stirring of community interest and a sense of community responsibility for health facilities, in place of the former reliance on a few rich benefactors. Repeatedly, the process of acquiring a modern hospital or health center has aroused a sense of teamwork and an understanding of the community-wide benefits to be gained, which had never existed before.

This was particularly evident, for example, with a new hospital at Lebanon, a town of 6,000 in the Willamette Valley of Oregon, which was featured in 1952 as the 1,000th Hill-Burton project to be completed.

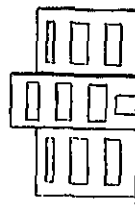
Construction Gains. -- The construction of health facilities with Federal assistance, since the beginning of the Hill-Burton program, has amounted to about one-fourth of the dollar volume of all non-Federal construction in the health facility field. This period, about \$6 billion has been spent for health construction, excluding Federal owned facilities. The peak postwar year was 1951 with an expenditure of over \$5.00 per capita at constant prices (1947-1949 = 100). The highest previous expenditure on the same basis was \$3.50 per capita in 1929 (1). Data collected in 1951-52, in the course of administering control of scarce materials of construction, indicate that 27 percent of all hospital construction volume annually goes into improvements to existing facilities without increasing bed capacity (12).

The Hill-Burton State Plans show that by June 30, 1956, the non-Federal hospital beds of all types in the Nation, which were acceptable for long-range planning, had increased by about one-fourth from the total shown by the first State inventories. This period, however, population increased by almost one-sixth and there was progress in removal of obsolete beds from the inventory of acceptable facilities. In consequence, the real gain in reducing total backlog, according to current standards of need, has been minor.

In the aggregate, the Hill-Burton construction program by June 30, 1956 included approved projects which are adding 135,500 beds for inpatient care, together with about 50 units for outpatient care, such as public health centers and diagnostic centers. This construction comprises more than 3,000 projects, of which 2,050 are completed and rendering community service. These approved projects had Federal aid committed amounting to \$781 million, matched by \$1.7 billion in State and local funds (Chart 2).

*\$2.5 Billion in Hill-Burton construction projects have been approved since the program began, Aug. 13, 1946—June 30, 1956*

3,047 PROJECTS



Hospitals



Nursing Homes



Diag. & Treat. Ctrs.



Pub. Health Ctrs.

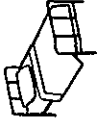
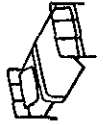
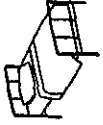
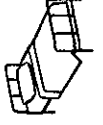
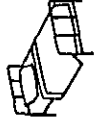
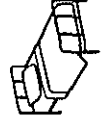


State Health Labs.

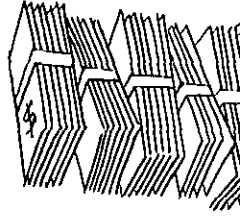


Rehab. Facilities

135,498 BEDS

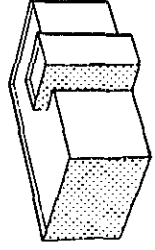


TOTAL COST \$2,467,000,000



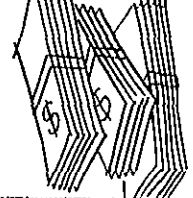
State and Local Share

1,686,000,000



=

\$810,000\* PER PROJECT





Under the formula of the statute, Federal funds have been concentrated most heavily in States of low income and greatest unmet need. The totals of such funds allocated per capita, through June 30, 1956, range from \$2.10 in New York to \$10.80 in Mississippi (Chart 3).

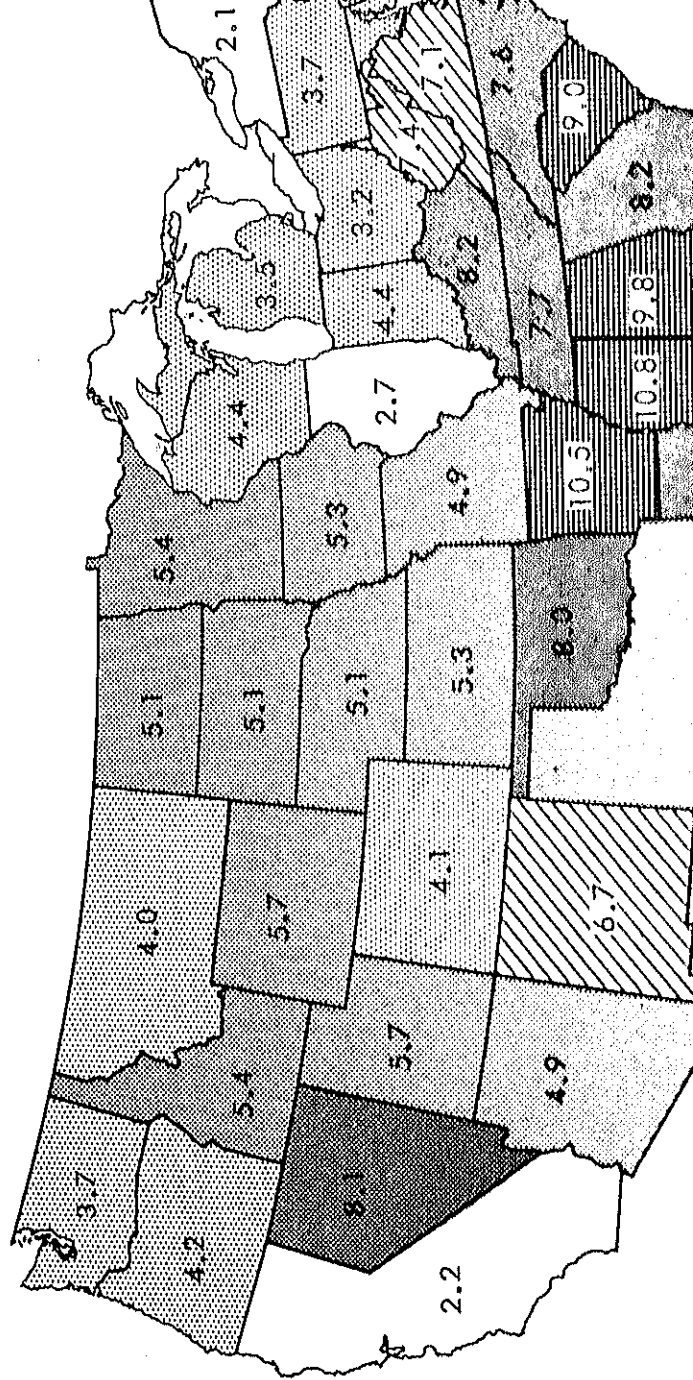
Special Gains. -- Several special gains have been made in regard to the kind of health facilities available since the beginning of the Hill-Burton program in 1946.

1. Major projects for teaching facilities have received assistance at university medical centers in more than one-half of the States, in addition to many other teaching hospitals which train interns, residents, and nurses. In the aggregate, over one-fourth of the total of Federal funds in the Hill-Burton program has been applied to projects where medical teaching is conducted.

2. The improvement in distribution of general hospitals has been particularly significant in relation to low-income States and local areas with no previous facilities. Usually such States and areas are highly rural. Even the most rural States now have only a small portion of their population without ready access to hospital facilities.

3. The general distribution of new hospitals built with Federal assistance has been outside of major cities and the areas of principal industrial concentration. Since these hospitals are removed from the chief target areas they provide for emergency capacity in the event of military attack and are also a resource in connection with local disasters.

*States with the greatest need and the lowest income receive the most Federal funds per person.*



## SYNOPSIS, 1956

### GENERAL COMMENTS

Today the health facilities of the United States are remarkably varied. However, they may be classified into two principal groups, based on differences in the nature of the care required by patients using them. These groups are (1) inpatient facilities, which include hospitals and nursing homes, for patients needing bed care and (2) outpatient facilities, such as clinics or public health centers, for patients not requiring bed care.

### Current Status

The extent of facilities for inpatient care is most readily measured by the number of beds available or planned. Inventories prepared by the States under the Hill-Burton program on record as of July 1, 1956 are summarized in Table A. <sup>1/</sup>

This table shows that the total of all existing beds, including those in skilled nursing homes, amounts to nearly 1,500,000 beds, of which about 1,250,000 are acceptable for long-range planning. More than 450,000 additional beds are programmed in hospitals, and about 275,000 additional beds in skilled nursing homes. Under standards of medical need established by Public Health Service regulations for the Hill-Burton program, the total need for beds providing inpatient care is some 400,000 beds greater than the total now programmed (Compare Chart 4). The inventories of the Hill-Burton program do not include Federal facilities for civilians, chiefly of the Veterans Administration and the Public Health Service, as shown in the footnote to Table A.

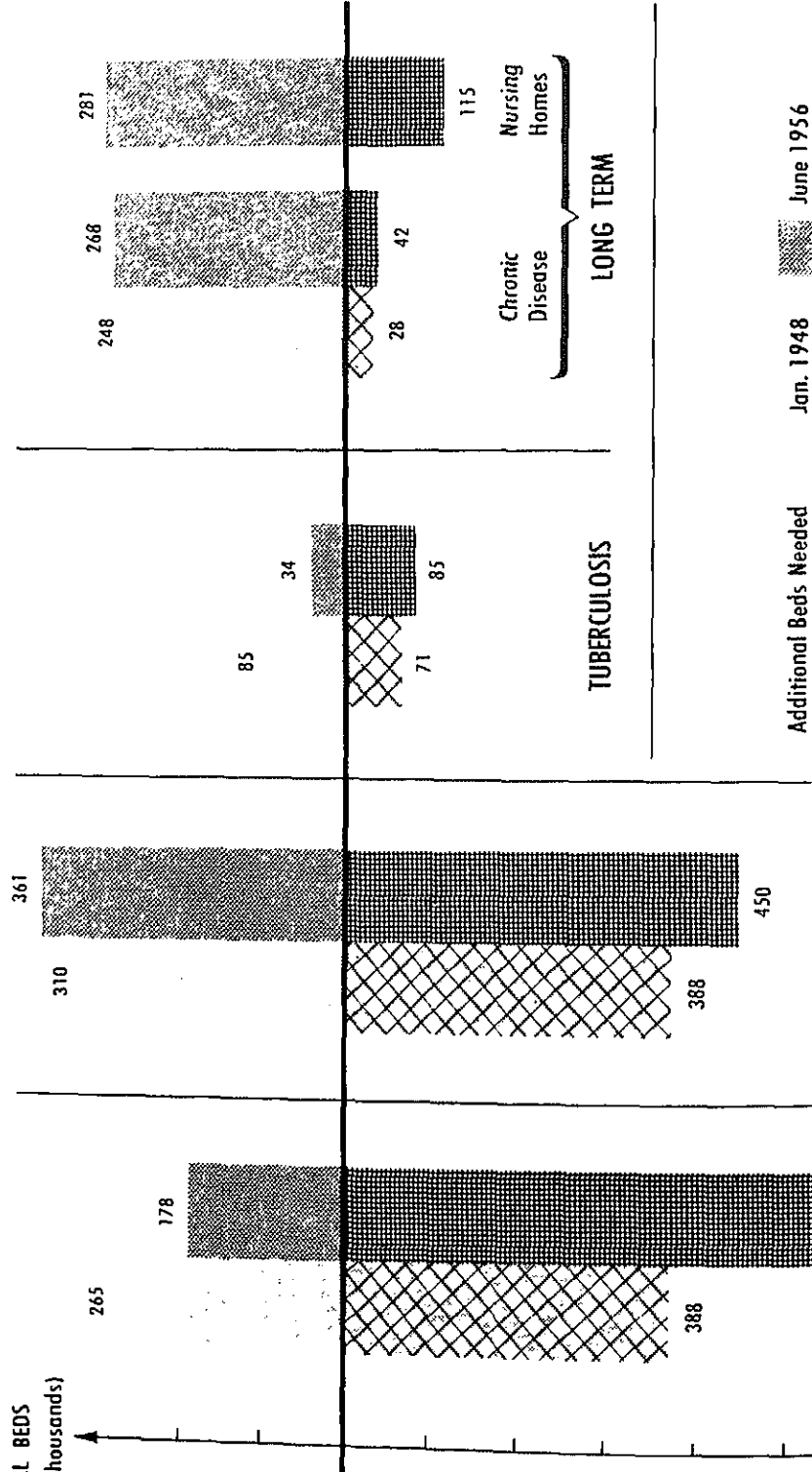
General hospitals have acceptable beds available at a rate of 3.37 beds per 1,000 population. This amounts to 75 percent of the total program planned by the States for general hospitals, and 73 percent of the total need according to the State ratios applicable. For mental facilities, on the other hand, the 2.78 acceptable beds per 1,000 population represent only 55 percent of total need according to the Hill-Burton ratio, although comprising 78 percent of the total program planned. Tuberculosis hospitals, with .52 beds per 1,000 population, have 70 percent of the total need, but 88 percent of the total program planned. Chronic care facilities now provide only .26 acceptable beds per 1,000 population, or 23 percent of the total planned, and 13 percent of total need according to the standards adopted by the States. For all hospitals, the national remaining need is 5.2 beds per 1,000 population, but this rate varies among the States from 2.4 beds to 8.6 beds per 1,000 population (Chart 5).

<sup>1/</sup> Latest available data, as of January 1, 1958, are included for convenience in a Supplement to the Appendix Tables (Table S-2).

*Additional need has decreased for general and tuberculosis beds, increased for mental and chronic beds, 1948-1956.*

L BEDS

(thousands)



Additional Beds Needed

Jan. 1948

June 1956

After 10 years, additional bed needs under same plans

vary from 2.4 to 8.6 beds per 1000 population.

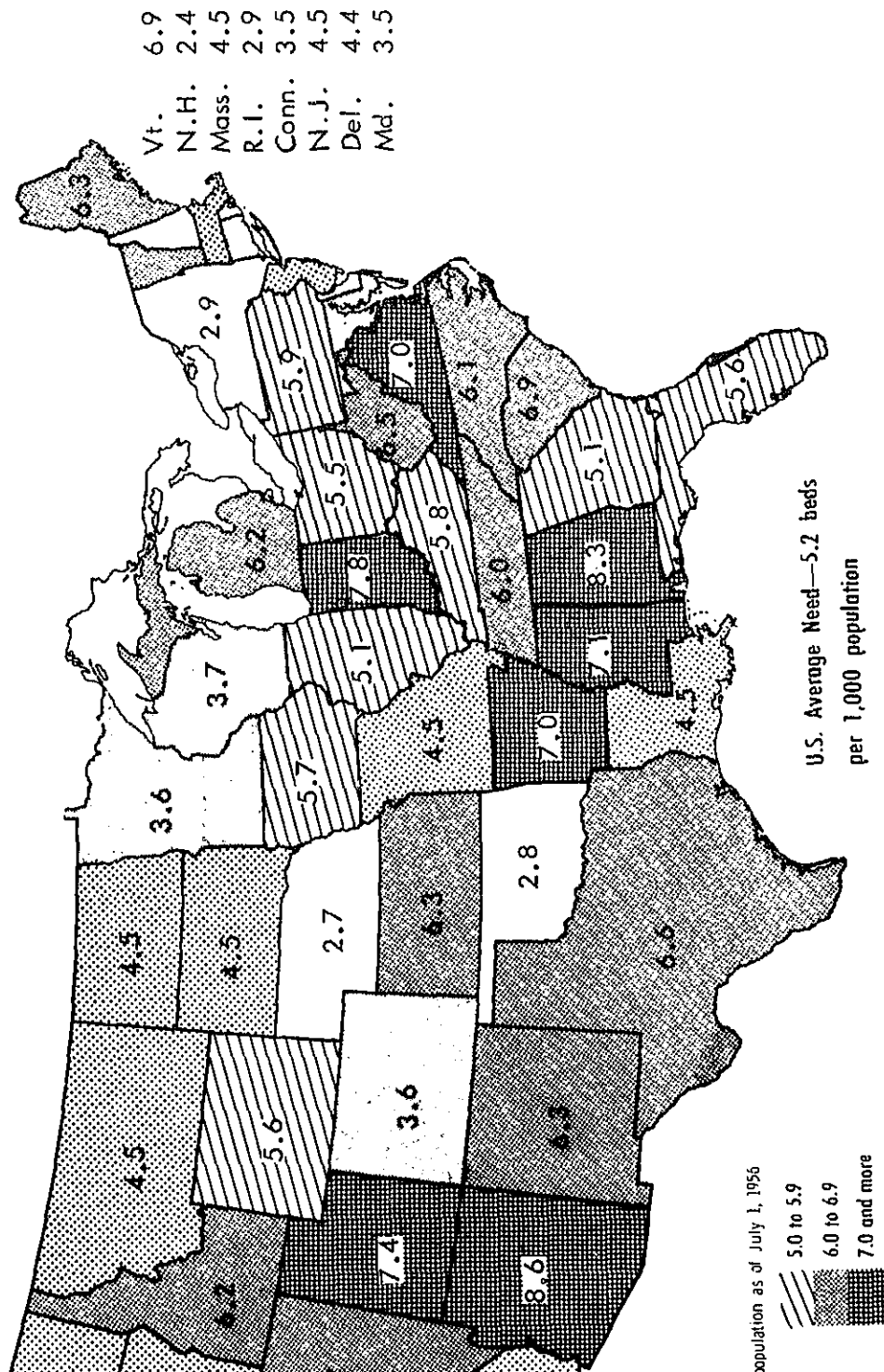


Table A. Summary of health facilities for inpatient care,  
United States and Territories, July 1, 1956

(Excludes Federal facilities) 1/

Type of service	Beds for inpatient care			
	Total existing	Acceptable	Additional programmed	Total programmed
Number of beds				
All categories .....	1,498,701 1/	1,237,581	727,928	1,965,509
Hospitals .....	1,281,124	1,122,864	453,842	1,576,706
General .....	616,067	545,980	171,652	717,632
Tuberculosis .....	95,768	84,663	11,439	96,102
Mental .....	520,725	449,910	123,991	573,901
Chronic .....	48,564	42,311	140,760	183,071
Nursing homes .....	217,577	114,717	274,086	388,803
Beds per 1,000 population 2/				
All categories .....	9.26	7.64	4.50	12.36
Hospitals .....	7.91	6.93	2.80	9.74
General .....	3.80	3.37	1.10	4.47
Tuberculosis .....	.59	.52	.07	.66
Mental .....	3.22	2.78	.77	3.77
Chronic .....	.30	.26	.87	1.13
Nursing homes .....	1.34	.71	1.69	2.74

1/ Additional beds for civilians are reported in Federal facilities, as follows: hospitals, 129,253; general, 60,977; tuberculosis, 9,841; mental, 58,400.

2/ Based on civilian population of 161,919,000, as reported in the Statistical Abstract, 1956.

Source: State Hospital and Medical Facilities Plans.

A special analysis of general hospital beds available and planned in the standard metropolitan areas of the country underscores the importance of such facilities as a major portion of the Nation's total resources in general hospitals. The 166 standard metropolitan areas, together with 94 other potential metropolitan areas, had an estimated total population of 108 million in 1956 (25). This is about two-thirds of the entire population of the United States and Territories. About 65 million people lived within the central city of these metropolitan areas. Nationally, the existing acceptable beds in general hospitals within the central city are at a rate of 4.95 beds per 1,000 population and the total beds programmed amount to 6.43 beds per 1,000 population. In the standard metropolitan areas, the acceptable beds available outside the central city amount to 2.16 beds per 1,000 population and are programmed to a level of 2.16 beds.

Under the expanded Hill-Durton program, inventories are now available for each of the major types of facilities for outpatient care, excepting the private offices of physicians and dentists. Such outpatient facilities include public health centers, diagnostic or treatment centers, and rehabilitation facilities. Public health centers provide quarters for local health departments. Diagnostic or treatment centers may be outpatient departments of general hospitals or may be independent clinics. Rehabilitation facilities may provide accommodations for inpatient care. These are usually available only in large facilities; for purposes of this report rehabilitation facilities are classified only with respect to outpatient care. A general summary of the status of existing and planned facilities for outpatient care as of July 1, 1956 appears in Table B. 2/

Table B. Summary of health facilities for outpatient care,  
United States and Territories, July 1, 1956  
(Excludes Federal facilities)

Type of service	Number of units				
	Total existing	Acceptable	Additional programmed	Total programmed	Total units allowed by State ratio
All categories .....	xx	5,547	xx	xx	xx
Public health centers ...	xx	1,860	2,526	4,386	xx
Primary .....	xx	811	1,508	2,319	5,476
Auxiliary .....	xx	1,049	1,018	2,067	xx
Diagnostic or treatment centers .....	5,937	2,922	1,372	4,294	16,201
Rehabilitation facilities .....	1,099	765	xx	xx	xx
Comprehensive .....	56	49	244	293	538

Source: State Hospital and Medical Facilities Plans.

/ Latest available data, as of January 1, 1958, are included for convenience in a

Only a little more than one-third of the total program for primary public health centers is now available. For diagnostic or treatment centers, only about one-third of the existing total, or 2,922 centers, are classed as acceptable. This represents 17 percent of the total programmed. Rehabilitation facilities in the Hill-Burton program are planned only as comprehensive facilities offering an integrated program of medical, psychological, social and vocational evaluation and services. The inventories show 17 acceptable facilities, or 17 percent of the total of 293 such facilities planned.

### National Gains Since 1948

The Hill-Burton inventories show the following net gains in acceptable beds from the end of December 1948 to July 1, 1956:

Category	Net gain, 1948 to 1956 (Acceptable beds)
Total .....	241,927
General .....	148,015
Tuberculosis .....	12,082
Mental .....	68,036
Chronic disease .....	13,794

The above gains in acceptable facilities reflect not only additional construction but also deletions for beds declared obsolete and unsuitable for long-range planning.

In the period from 1948 to 1956, Hill-Burton inventories show an increase in primary public health centers and an increase of 350 auxiliary centers. This represents a very substantial gain in the modern plant available for public health departments to carry out their broad role of preventive care of the public health.

### Volume of Construction

During the decade since World War II, the dollar volume of hospital construction reached an all-time high in 1951. This reflects the effort to cope with new growth and the obsolescence of existing facilities, after the return to a civilian economy. Wartime levels had been below \$200 million annually. The peak of \$1.2 billion in 1951 was followed by a decline to a national level below \$700 million in 1956, as shown by Table C.

When measured by constant prices, this decline is considerably greater. Construction costs are now one-third higher than in the stable period of 1947-1950. A breakdown of the total annual volume appearing in the table shows that both hospital construction and construction with Federal aid have fluctuated greatly, while total construction volume without Federal aid has been relatively stable (See, also, Chart 6).

A special study for the fiscal year 1952, which was made possible by the use of steel, copper, and aluminum during the Korean crisis, shows that 27 percent of construction involved remodeling or replacement without any net addition of new construction (12). This proportion is considered normal. All of the above data relate to construction contracts and do not include land or equipment. Such items probably add 10 percent to contract costs.



Table C. Value of all United States hospital construction,  
1945-1956

Calendar year	Value of construction put-in-place (millions)				
	Total	Federal	Total	Nonfederal	
				Without Federal aid	With Federal aid
1945 .....	\$122	\$ 22	\$100	\$100	--
1946 .....	170	21	149	149	--
1947 .....	195	30	165	165	--
1948 .....	349	98	251	242	\$ 9
1949 .....	679	169	510	386	124
1950 .....	840	146	694	466	228
1951 .....	947	132	815	569	246
1952 .....	867	113	754	532	222
1953 .....	682	66	616	434	182
1954 .....	702	35	667	534	133
1955 .....	680	20	660	559	101
1956 .....	626	37	589	467	122

Source: U. S. Department of Labor.

The high levels of hospital construction during the past decade have constituted about three percent of all new building construction in the Nation. This represents a minor factor in the total national economy, since hospital construction has been about one fourth of one percent of the gross national product (8).

Regionally, the volume of construction varies widely according to the average income of the area. Study has shown that Census regions with the lowest per capita income had a total construction volume per capita in 1950 of only about one-half that of the wealthiest region (8). The study showed that nearly all of the work undertaken in the lowest income regions was with Federal assistance, through the Hill-Burton program, while projects with such assistance constituted only 20 percent of the work undertaken in the wealthiest regions.

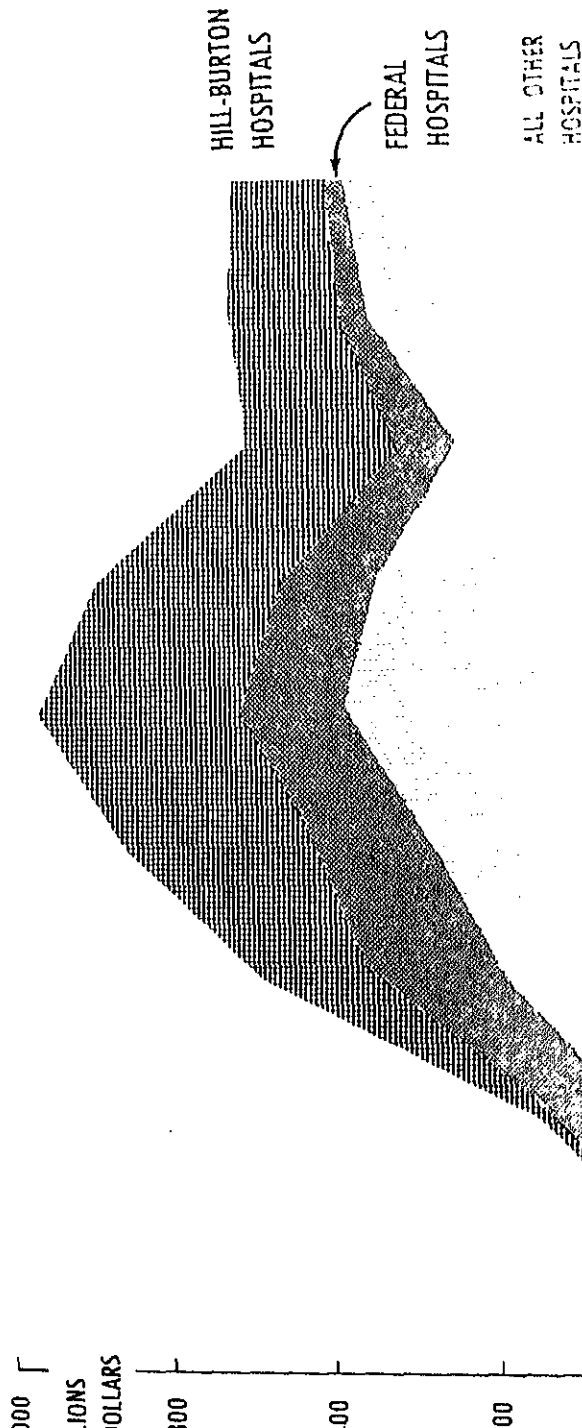
### Unfinished Tasks

The declared purpose of the original Hill-Burton statute is to assist the States in planning for and providing "the necessary physical facilities for furnishing adequate hospital, clinic, and similar services to all their people". Since the adoption of the act in 1946 much has been achieved in the planning and construction of health facilities, but the broad purpose has by no means been carried out.

1. Adequate facilities of many kinds are still lacking if a high quality of medical care is to be provided for all the people.

2. Changes in modern therapy and shifts in population make continued planning essential. The physical needs must be reappraised with respect to geographic distribution.

*Hill-Burton construction put in place totaled 1/4 of all non-federal hospital construction, 1948-1955.*



3. Standards are essential for systematic planning for health facilities in order to determine what is adequate. Such standards relate to quantity of facilities and quality of services, together with yardsticks for the geographic distribution of facilities and for functional design based on clearly defined programs of care. The present standards of quantity are largely empirical. Those for hospital facilities were adopted in 1946 in accordance with the best judgment and experience of the time and have undergone continuing study for refinement. They are based on medical need of the people to be served, as a fundamental concept, and are not limited to the level of facilities or services for which there is an effective demand at any given moment. Both changing medical practice and a decade of experience in using for the first time general standards have underscored the importance of reappraising such measures. This is true for each of the main categories of hospitals as well as for the array of other health facilities for which systematic planning has lately come to pass.

A good beginning has been made in basic research on the fundamental problems of long-range planning for health facility needs. Meanwhile, there are several practical measures possible as working guides for short-range tasks, without reference to long-range requirements.

Projections for Growth and Replacement. — (a) The record of hospital use in the past decade shows that the level of short-term hospital use, in days per capita annually, has remained remarkably stable, amounting to .92 days per capita. Estimates of the use of long-term general and special hospitals indicate a similar stability, amounting to 1.80 days per capita annually. Short-term hospital use, the available bed capacity, the total patient days of service provided, and the population of the Nation, have each increased about one-fourth. Annual admissions in short-term hospitals have increased by 50 percent, but this has been offset by a decline in average stay amounting to 20 percent.

If it is assumed that the present level of use is to be maintained, then the prospective increase in population within the next decade (amounting to 16 percent) will require 265,000 additional beds (including all types of hospitals) to accommodate this projected growth.

(b) Because of obsolescence or shifts in population within urban areas, the need to replace many existing hospitals has become increasingly urgent. Older facilities frequently have inherent safety hazards, such as open stairwells and narrow corridors and exits. Besides this, the outward movement of people from the central city to the suburban fringe has curtailed the base of community support for hospitals "downtown", and created demand for new construction in the fringe areas. The record shows that about 2,000 beds were available 50 years ago. It is estimated that three-fourths of these, 1,500, are still in service. One simple method of generalizing as to replacement needs is found in the age of existing hospitals. With minor exceptions those now 50 years old or older are obsolescent and should be replaced.

(c) The third component of need in projections for the future is the requirement for modernization and major repairs, where full replacement is not needed. A recent national study indicates an expenditure of about \$1 billion is needed for such requirements (3). This sum is divided about equally between major repairs, improvement of equipment and service systems, and the conversion of existing space for new or improved services.

standards. These specific programs constitute a useful working measure well beyond the immediate future. They amount, in 1956, to a total program of about 450,000 beds, with about 175,000 in general hospitals, 140,000 in chronic care facilities, 125,000 in mental hospitals and 11,000 in tuberculosis hospitals. In addition, about 275,000 nursing home beds are programmed. These levels of additional construction in long-range programming amount to 2.8 hospital beds per 1,000 population and 1.7 nursing home beds per 1,000 population.

4. The program techniques for attaining a final goal of adequate facilities for all the people need further study and testing. Useful shifts in scope and in emphasis include (1) more stress on basic research, including methods of planning and administration, as well as (2) the duration and methods of financing for any sustained program of State and Federal assistance. In particular, financing practice with respect to variation in grants and in loans can be used to encourage or stimulate selectively, when changes in program needs are identified. The pioneering of the first decade in systematic planning and development for the health facility field can be followed in the second decade by a refinement of emphasis and practice which has never previously been possible.

## CATEGORY FACTS

### General Hospitals

#### Background

1. General hospitals in the United States began 200 years ago, as an outgrowth of almshouses, but have developed principally since 1900.
2. The modern general hospital now serves everyone and cares for many types of acute illnesses and long-term disabilities.
3. By 1929, the Nation had 357,000 beds in about 4,200 general hospitals. The distribution was uneven; more than 1,200 counties containing a population of 15,000 had no general hospitals.
4. Interruption of normal expansion from 1930 to 1945, because of economic depression and subsequent war requirements, led to serious shortages in hospital beds.
5. Orderly development of general hospital planning began with Federal legislation in 1946, which launched the Hill-Burton program of Federal assistance.

#### Existing Beds

6. Hill-Burton State Plans reported 616,067 beds in non-Federal general hospitals in the United States and its Territories as of July 1956. Of this total, 545,938 were classified as acceptable. Beds for other services in general hospitals, such as psychiatric units, are counted in other categories.
7. Nationally, there are 3.4 acceptable general hospital beds per 1,000 population. Regional differences in level are not great: the Southeast socioeconomic region, comprising 11 States, is only 10 percent below the level of the country as a whole.
8. General hospital beds in metropolitan areas are concentrated heavily in central cities, but with significant differences in level of availability among socioeconomic regions. The New England and Northwest States have about 6 beds per 1,000 population in their central cities which contain a population of 5.2 million; the South, East, Southwest and Far West States have about 4.5 beds per 1,000 population in central cities, which have a combined population of 34.4 million.
9. Hill-Burton State Plans report 375 hospital service regions throughout the Nation, each of which is considered semi-autonomous. There are striking differences in the beds available per 1,000 population among these regions: 31 regions, with 6 million people, have only 1.6 beds per 1,000 population, or less than one-half of the national average, while 20 regions with 4 million people, have an average of 6.2 acceptable beds per 1,000 population.

10. Hospital service regions with low per capita income are substantial, the national average in level of availability. Likewise, in metropolitan area level of income has a marked relation to the availability of beds in the suburban areas of low and middle income, only about 1 bed per 1,000 population is available in the fringe area outside the central city, while in 62 metropolitan areas with 1.3 beds per 1,000 population are available.

#### Net Change Since 1943

11. From 1943 to 1956, State Plans show a net gain of 148,000 acceptable hospital beds, with 7,300 fewer nonacceptable beds. When related to population, the increased level of acceptable beds amounts to .52 beds per 1,000 population, or 1.37 percent above the 2.35 beds per 1,000 population available in 1943.

12. Substantial progress has occurred in all regions of the country, except the East and the Far West, where replacement of obsolete facilities and rapid population increase, respectively, have offset new construction.

13. As of July 1956, Hill-Burton aid has provided 101,000 general hospital beds, amounting to .63 beds per 1,000 population. This exceeds the net gain of .52 beds per 1,000 population nationally since 1943. Forty percent of the Hill-Burton program has been in the Southern regions; in these regions the program has added about two beds, in relation to population, as in the high income regions.

14. In 1943, Statewide inventories under the Hill-Burton program disclosed that 10 million people, living in one-fourth of the 2,300 hospital service areas of the States and its Territories, had no acceptable general hospital beds in their areas. By 1956, such areas of complete shortages had been reduced to 166, with 2.8 million people, or 1.3 percent of the Nation's population.

15. In 1943, only 4.5 percent of the population lived in local hospital service areas which had all beds needed; by 1956, areas with fully adequate facilities had increased to 16.3 percent of the Nation's population.

#### State Programming

16. State programming for general hospitals, after nearly a decade of planning, is closely comparable, among broad regions of the country, to the national level. The national level is 4.47 beds per 1,000 population.

17. Hospital service regions are being planned for at levels of availability ranging from below 3 beds to more than 6 beds per 1,000 population.

18. In metropolitan areas, the distribution of beds planned is greatly influenced by the income of the area. Low income areas are planned for a high bed-population ratio in the central city, with a low level in the suburbs. As income rises the level of planning for the central city decreases, from about 8.5 beds per 1,000 to about 5.5 beds per 1,000 population; in the suburbs, the level being planned rises strikingly, from about 1.5 beds per 1,000 with low incomes, to about 3 beds per 1,000, with high incomes.

## Tuberculosis Hospitals

### Background

1. Until Koch's discovery of the tubercle bacillus in 1882, tuberculosis was considered both hereditary and fatal. It was a major cause of death until recent years.
2. Early public and private efforts to combat tuberculosis were accelerated by the formation of a national voluntary association in 1904.
3. The number of tuberculosis hospital beds available increased from less than 10,000 in 1904 to 61,000 in 1929, and 78,000 in 1940.
4. The mortality rate from tuberculosis dropped rapidly with additional facilities and more effective measures of prevention, treatment, and control -- from 15 deaths per 100,000 population in 1900 to 41 in 1944, and 9 in 1955.
5. The incidence of new active cases found annually has declined -- from 100,000 population in 1947 to 46 in 1955.

### Existing Beds

6. Hill-Burton State Plans show 95,768 non-Federal tuberculosis hospital beds available in the United States and Territories as of July 1956. There are also about 15,000 Federal beds for tuberculosis care, chiefly in hospitals of the Veterans Administration.
7. State Plans classify 11,105 beds as nonacceptable because of functional or physical hazards. The Nation as a whole has 0.5 acceptable tuberculosis beds per 100,000 population, outside of Federal facilities.

### Beds Needed

8. The need for tuberculosis hospital beds as now prescribed in Public Health Service regulations is 1.5 beds times the average number of active and probably new cases found annually in the latest two-year period. State Plans on July 1, 1956, showed a total need for 112,000 tuberculosis beds.

### Net Change Since 1948

9. State Plans show a gain of about 12,000 acceptable tuberculosis beds since 1948. Hill-Burton aid has helped to provide 8,700 of these beds, or 72 percent.
10. Great variation exists among the States and Territories with respect to tuberculosis incidence. The rate is lowest in the Great Plains States and tends to be highest in States containing the largest cities.

## State Programming

11. On July 1, 1956, about one-half of the States had either more tuberculosis beds than the maximum allowed for Federal assistance or were planning no additional construction. In the other States and Territories, about 11,400 beds were programmed in 1956.

12. Nine States had acceptable beds in excess of the Public Health Service standard of adequacy for Federal assistance, although 15 States were programming beds beyond this level.

## Mental Hospitals

### Background

1. Mental hospitals in the United States, in lieu of almshouses and jails for the mentally ill, began shortly before 1800.

2. Large State institutions, which became characteristic facilities for mental patients, developed from about 1825. During the next century, mounting pressures for admissions and inadequate State support led to extreme overcrowding and many abuses.

3. A new era in mental health dates from 1946, with the passage of the National Mental Health Act for research and training in mental health programs, and the beginning of the Hill-Burton program, which included aid in the construction of mental facilities and a survey as to the acceptability of the existing mental hospital plant.

4. Psychiatric units in general hospitals are being developed, together with new emphasis on means of community and home treatment for the mentally ill.

### Existing Beds and Their Uses

5. Hill-Burton State Plans show 520,725 beds in non-Federal mental facilities in July 1956. Of these, 449,910, or about 85 percent, were classified as acceptable with respect to fire and health hazards.

6. The national ratio of acceptable beds is 2.8 per 1,000 population, but State ratios vary from 0.1 bed in Alaska to 7.0 beds per 1,000 population in the District of Columbia.

7. Psychiatric units are reported in 207 general hospitals with a total of 11,444 beds and an average size of 55 beds for such units. These units report an average stay of 22 days, in contrast to an estimated average of 680 days in mental hospitals.

8. Annual patient days per 1,000 population provided for mental care differ widely among socioeconomic regions: New England and the Middle Eastern States provide more than twice the volume of care furnished in the Southeastern and Southwestern regions where there are much more limited facilities.

9. State Plans indicate that mental units in general hospitals were providing about 2 percent of all patient days for mental care, but about 40 percent of all such admissions.



## Beds Needed

10. The need for mental beds as prescribed in Public Health Service regulation is 5 beds per 1,000 population. This amounts to a total in 1956 of 811,000 beds.

## Net Change Since 1943

11. Existing acceptable beds for mental illness increased 18 percent, from 381,917 in 1948 to 449,910 in 1956. Nationally this has barely kept pace with population growth and some States show a decrease in relation to population.

12. Hill-Burton aid to July 1956 has assisted in building 13,609 mental hospital beds.

## State Programming

13. In 1956, the States programmed about 124,000 additional beds for the mentally ill. The total program (acceptable beds plus additional programmed) amounted to 573 beds or 3.5 beds per 1,000 population.

## Chronic Disease Hospitals

### Background

1. Chronic illness in recent years has received active treatment and preventive care and is no longer regarded as a necessary condition of the aging process in late life.

2. The death rate from chronic non-infectious illness has risen more than 50 percent from 1900 to 1950, with the increasing average life span.

3. In 1950, it was estimated that 5.3 million people in the United States were afflicted with disabling chronic illness or impairments, about 20 percent of these receiving long-term care in institutions.

4. The rate of increase in the number of persons aged 65 and over is double of the growth of our total population.

5. The need for facilities to care for the chronically ill is constantly growing since chronic illness is more prevalent in older age groups.

6. The best means of meeting the need of chronically ill persons is still subject to debate, but chronic disease hospitals are evolving as hospitals which provide the full range of general hospital services with various extra services needed by long-term patients.

7. Long-term care in short-term general hospitals is estimated to account for about 25 percent of the total patient days in such hospitals.

## Beds Needed

10. Public Health Service regulations have set the need for chronic in any State at two beds per 1,000 population. This standard may be reduced per 1,000 population if nursing home beds are planned in lieu thereof.

11. By these adjustable measures, State Plans in July 1956 showed a 310,666 beds. Existing acceptable beds provide only 14 percent of this total.

## Net Change Since 1948

12. State Plans show a net gain of about 14,000 acceptable beds for disease care since 1948. Hill-Burton aid has helped to provide 9,600 of this, or 68 percent.

## State Programming

13. In July 1956, slightly more than one-half of the additional chronic beds which were determined to be needed, according to Hill-Burton State Plans, were programmed for construction.

## Nursing Homes

### Background

1. Nursing homes care predominantly for aged, chronically ill persons.
2. The very rapid growth of nursing homes during the past 25 years has been brought about by changing patterns of family living, longer life expectancy, increasing numbers of aged persons and the growing significance of the chronic diseases.
3. Proprietary boarding and nursing homes have flourished since the Social Security Act in 1935 which made financial assistance available for the aged.
4. An advance inventory by the Public Health Service from State and local health departments found about 25,000 "nursing homes" in the Nation, with about 450,000 beds. These facilities ranged from boarding homes with only the simplest services to hospitals and types providing highly skilled and intensive care. About 7,000 of these facilities, accounting for 40 percent of the beds, were classified as providing skilled nursing.

## Existing Beds

5. As of July 1, 1956, the State Plan inventories reported a total of 217,577 skilled nursing home beds in the United States and Territories. Only about one-half of these beds, or 114,717, were classified by the States as acceptable, from a structural point of view.

6. Nationally, there are 0.7 acceptable skilled nursing home beds per 1,000 population. State availability of these beds varies widely: the ratios range from zero to 2.8 beds per 1,000 population.

## Beds Needed

7. On the basis of the ratios adopted by the States and Territories, a total of 404,486 nursing home beds are estimated to be needed, or 2.5 beds per 1,000 population.

8. The interrelationship between planning for chronic disease beds and nursing home beds is reflected in the Public Health Service regulations for State planning. Though the standard of need for nursing homes is set at from one bed to three beds per 1,000 population, it may be raised to four beds per 1,000 if the chronic disease bed ratio is reduced accordingly.

## State Programming

9. Additional nursing home beds being programmed, as of July 1, 1956, will provide 1.7 beds per 1,000 population, or more than double the current national ratio.

10. Most States are planning the distribution of nursing home beds on the basis of general hospital service areas or regions, together with such factors as the proportion of the population aged 65 and over.

## Public Health Centers

## Background

1. The term "Public Health Center" was used first in 1912 to describe the facility housing local health departments.

2. Since 1912 the program and services of local health departments have been greatly expanded. They now include environmental sanitation, quarantine duties, clinics for immunization and treatment, community nursing services, and health education.

3. Modern public health centers are designed and equipped to carry out most of these functions and responsibilities.

Existing Facilities

4. In July 1956, Hill-Burton State Plans reported 811 primary health centers, supported by 1,049 auxiliary centers, in the United States.

5. Nearly one-half of all the acceptable primary public health centers in the country are located in the Southeastern States.

#### Net Change Since 1948

6. State Plans show a gain of 332 primary health centers and 1,000 auxiliary centers since 1948. Hill-Burton aid has helped to provide 46 percent of the gain, or 83 percent of the total.

#### State Programming

7. In July 1956, the States were programming about 1,500 primary health centers and about 1,000 additional auxiliary centers.

8. The distribution of these public health centers within the States generally conform to the plan of organization of local health units. For the most part, the districts comprise several counties, the number of centers planned is reduced below the number allowed by ceilings established by the Hill-Burton Act.

9. In the most rural States, nearly twice as many primary health centers are programmed per million population as are programmed in the most urban States.

#### Diagnostic or Treatment Centers

##### Background

1. During recent years there has been growing recognition of the need for health services for ambulatory patients.

2. Outpatient departments of general hospitals, public health centers, and other types of diagnostic or treatment centers are currently offering a wide range of services "to keep well people well".

##### Existing Facilities

3. As of July 1956, the Hill-Burton State Plans reported 811 primary health or treatment centers in the United States and Territories. This total includes such facilities excludes offices of private physicians and dental clinics for employees only.

4. About one-half, or 2,900, of the centers were classified as being acceptable. Thus, the national average is 1.8 acceptable centers per million population.

## Facilities Needed

5. A total of 16,200 diagnostic or treatment centers are needed according to State estimates as of July 1956. Under the Hill-Burton program, States may not plan more than one diagnostic or treatment center per 10,000 population to provide basic clinical laboratory and diagnostic X-ray services.

## State Programming

6. Since considerable study and planning is still needed in this area, the States have only programmed 1,400 additional centers -- about 10 percent of the net additional number needed.

7. It appears that States are planning to build centers which will offer the various specialized services which are now totally lacking or quite inadequate.

## Rehabilitation Facilities

### Background

1. Since 1920 Federal aid has been provided to the States for rehabilitation services, emphasizing gainful employment of disabled persons.

2. The present concept of rehabilitation is broadened to include modern medical care as an integral part.

3. Under the 1954 amendments, the Hill-Burton program was extended to provide for the construction of comprehensive rehabilitation facilities. Such facilities are required to provide "an integrated program of medical, psychological, social, and vocational evaluation and services under competent professional supervision." The integrated program contemplates a team of professional staff for the diagnosis and treatment of disabled individuals, coordinated under medical responsibility.

### Existing Facilities

4. In July 1956, the Hill-Burton State Plans reported a total of 1,099 rehabilitation facilities of all types in the United States and Territories; of these 765 were classified as acceptable.

5. Many of the present rehabilitation facilities treat several types of disabilities. Care is most frequently provided for orthopedic, neurological and cardiac disabilities.

6. Nearly 15 persons per 1,000 population were reported as being treated annually in the 754 facilities reporting on individuals treated.

7. Comprehensive rehabilitation facilities, within the definition of the Hill-Burton program, numbered only 56 in July 1956. Most of these are in the Eastern and Central States. This total includes a substantial number of projects not yet opened which were being constructed with Hill-Burton assistance.

State Programming

8. Under the Hill-Burton program a ceiling of one comprehensive rehab facility is set per 300,000 population, or major fraction thereof. This limit each type of disability, but single disability units are allowable as well as disability units.

State Programming

9. In July 1956, 224 additional facilities were programmed as multiple centers plus 20 facilities programmed for a single disability.

# EXPLANATORY

## NOTES

### STATE HOSPITAL AND MEDICAL FACILITIES PLANS:

#### ing beds:

1. The State Plans report the normal bed capacity, that is, the number of beds which the hospital was designed, rather than the existing bed complement.
2. When units of at least 10 hospital beds are assigned for the care of patients in categories other than the primary medical service classification of the hospital, they are reported according to the specific service for which the bed is used. For example, a unit of 10 or more mental beds in a general hospital is included in the count of mental beds.
3. State Plans include (1) beds which have been approved for construction under the Hospital and Medical Facilities Construction program, and (2) beds under construction under the program, in order to establish their identity for planning purposes without waiting for their actual completion.

#### ions:

The following classes of hospitals are excluded:

- Federal hospitals (except certain Indian hospitals).
- Institutions for the mentally deficient and epileptics. 1/
- Institutions furnishing primarily domiciliary care.
- Institutions which do not provide a community service.

#### tion base:

State Plans use the civilian population as shown in Appendix Tables 1 and 2.

#### Information:

Summarized from the State Plans on file as of July 1, 1956.

It is now more than 200 years since the first true general hospital was chartered in Philadelphia, with financial assistance from the Provincial Assembly of Pennsylvania. Prior to 1751, general hospitals were essentially homes for the indigent, with the inclusion of an infirmary for the care of the indigent sick. They were often combined with penal institutions. From the early beginning as an outgrowth of almshouses, hospitals have improved and extended their services enormously, in step with advances in medical education and practice, nursing, and the expansion of public health activities. The general hospital has now long ceased to be primarily a place for the indigent sick. It serves all classes of society and cares for many types of acute illness and long-term disabilities (7).

The development of the modern general hospital is largely a phenomenon of the 20th century, in spite of the earlier limited efforts. The first census of hospitals was made in 1873 and listed only 178 institutions of all types, "for the bed-care of the sick", with less than 35,000 beds (7). After 1900 changing ideas about the place of hospitals in caring for all classes of people, together with rising levels of income and the development of private fortunes in this field, led to the building of many new hospitals. The earliest hospital inventory of the American Medical Association, in 1909, showed 1,359 hospitals of all types with a total of about 420,000 beds. Rapid growth continued through the prosperous decade following World War I. The American Medical Association inventory of 1929 showed 4,268 general hospitals alone, with 357,000 beds, and about 5,000 other beds in short-term specialty hospitals (4).

During this period considerable emphasis was placed upon the construction of special types of hospitals for specific diseases or types of illness, such as women's hospitals, children's hospitals, orthopedic hospitals and industrial hospitals. This period of general expansion through 1929 was undertaken by local initiative, in large part by religious groups or individual philanthropy, and was without any systematic planning. Consequently, there was overbuilding in some communities and an entire lack of facilities in others. Over 1,200 counties were without any hospitals as late as 1928 and these counties had a total population of over 15 million (16).

During the depression decade after 1929 new hospital construction virtually ceased except where supported by Federal public works grants. More than 700 hospitals were forced to close because of lack of operating funds. Relatively little new hospital construction was possible during World War II, since the war effort exerted a prior claim on money, men and materials. The long interruption of normal expansion from 1930 to 1945, together with a growing population and a rising understanding of the significance of hospital services for health as a national asset, resulted in the general recognition of hospital needs as a major aspect of post-war planning.



Resulting Federal legislation in 1946 in the form of the Hospital Construction (Hill-Burton) Act has become a landmark in the orderly development of the Nation's general hospital planning. Since this time, the role of the general hospital has evolved gradually toward absorbing the functions of special hospitals, becoming an institution to serve the whole field of medicine. Moreover, general hospital practice is also developing for voluntary coordination of general hospital services, being attained through such arrangements as exchange of interns and residents, of consultation services, and cooperation in administrative services. Work is being established also with the activities of local health departments. Attention is being given by the community general hospital to the development of preventive and ambulatory services, home care and other services, so that the staff, plant and scientific equipment may be made most widely available to the community.

### Existing Beds

As of July 1, 1956, Hill-Burton State Plans report a total of 616,000 hospital beds in the United States and its Territories; 545,980 of these are acceptable for long-range planning purposes. The totals for each State are in Appendix Table 2. The State Plan inventories are subject to the explanation that precede this review, that is, they exclude Federal hospitals (except certain hospitals) and include facilities under construction. Further, these totals include only the beds available for specific general hospital use; the beds in general which are set aside for other services, such as psychiatric or tuberculosis hospitals, are reported in those categories.

As Table D shows, we have 3.37 acceptable general hospital beds per every 1,000 persons. By broad socioeconomic regions, general hospital beds are at a reasonably similar level in each region. Although the Southeastern region has the lowest ratio of beds available per 1,000 population, namely 3.06 beds, 11.10 percent below the level of the country as a whole. The Northwestern region has the highest average availability of acceptable beds, with 4.06 beds per 1,000 population. This region includes several States with thinly scattered population and is expected to display a high rate.

Metropolitan areas of the country are rapidly increasing in importance. As defined by the Bureau of the Census, they include all central cities of 50,000 or more, together with the adjoining urban counties. These areas have been grouped together with an additional group of "potential" metropolitan areas identified in the magazine "Sales Management" (25), which have central cities of at least 25,000 total population of 60,000 or more. They include nearly two-thirds of our population and are listed individually in Appendix Tables 8 and 9. A summary of the socioeconomic regions is included in Table D. In general, these metropolitan areas as a whole have a slightly higher level of acceptable beds than the socioeconomic regions in which they are located. The level of acceptable beds, in relation to population, in central cities of these metropolitan areas is markedly higher than the average for the whole area and varies widely among regions. Over five-sixths of all the population of the metropolitan areas are in the central cities, although their population accounts for 60 percent of the area population. Some other important differences appear in the distribution of acceptable beds in central cities are at a higher level in the New England and Northwestern regions than in the Middle East, the Southwest or the Far West.

Table D. GENERAL HOSPITAL BEDS: Existing, additional and total beds programmed, by socioeconomic region and metropolitan area, July 1, 1956

Socioeconomic region	Population (millions)	General hospital beds					
		Existing beds			Additional beds		Total beds
		Total	Acceptable		programmed		programmed
			Number	Per 1,000 population	Number	Per 1,000 population	
All areas (metropolitan and other)							
United States and Territories .....	161.9 1/	616,067	545,980	3.37	177,652	1.10	723,632 4.47
United States .....	159.0	605,837	538,539	3.39	171,928	1.08	710,467 4.47
New England .....	9.7	38,073	32,077	3.31	13,366	1.38	45,443 4.68
Middle East .....	37.0	153,502	132,462	3.58	35,252	.95	167,714 4.53
Southeast .....	33.0	109,906	100,799	3.06	46,165	1.40	146,064 4.46
Southwest .....	12.2	44,377	40,906	3.35	13,142	1.03	54,048 4.43
Central .....	42.3	162,953	145,635	3.44	38,000	.90	183,635 4.34
Northwest .....	8.3	38,498	33,677	4.06	5,443	.68	39,320 4.74
Far West .....	16.5	56,528	52,983	3.21	20,360	1.23	73,343 4.44
Territories .....	2.9	10,730	7,441	2.55	5,724	1.96	13,165 4.51
Metropolitan areas 2/							
All metro-politan areas .....	108.4 2/	421,770	381,567	3.52	128,545	1.19	510,112 4.70
New England .....	8.2	31,956	27,738	3.39	10,887	1.33	38,625 4.73
Middle East .....	32.6	132,026	115,549	3.54	47,906	1.47	163,455 5.01
Southeast .....	13.8	53,608	50,806	3.68	18,388	1.33	69,194 5.01
Southwest .....	7.3	25,018	23,684	3.25	8,988	1.24	32,672 4.49
Central .....	28.7	117,602	106,873	3.72	23,733	.83	130,606 4.54
Northwest .....	3.1	13,892	13,074	4.24	1,997	.65	15,071 4.88
Far West .....	14.7	47,668	43,843	2.99	16,646	1.13	60,489 4.12
Central cities .....	64.6	350,900	319,482	4.95	95,874	1.49	445,356 6.43
New England .....	3.1	20,824	18,350	5.89	5,633	1.81	23,983 7.70
Middle East .....	22.7	114,510	100,960	4.44	38,922	1.71	139,882 6.16
Southeast .....	8.1	48,695	46,261	5.71	16,251	2.00	62,512 7.71
Southwest .....	5.0	23,716	22,508	4.52	8,587	1.72	31,095 6.24
Central .....	16.8	96,515	88,311	5.25	17,893	1.06	106,204 6.31
Northwest .....	2.1	13,114	12,515	6.07	1,797	.87	14,312 6.94
Far West .....	6.7	33,526	30,577	4.53	6,791	1.01	37,368 5.54
Outside central cities..	43.9	70,870	62,085	1.42	32,671	.74	94,756 2.16
New England .....	5.1	11,132	9,388	1.86	5,254	1.04	14,642 2.89
Middle East .....	9.9	17,516	14,589	1.47	8,984	.90	23,573 2.37
Southeast .....	5.7	4,913	4,545	.80	2,137	.37	6,682 1.17
Southwest .....	2.3	1,302	1,176	.51	401	.17	1,577 .69
Central .....	11.9	21,087	18,562	1.56	5,840	.49	24,402 2.05
Northwest .....	1.0	778	559	.55	200	.20	759 .74
Far West .....	7.9	14,142	13,266	1.67	9,855	1.24	23,121 2.91

<sup>1/</sup> 1954 civilian population reported in the State Hospital and Medical Facilities Plans.

Represents the 166 standard metropolitan county areas as defined by the U. S. Bureau of the Census and the 94 potential metropolitan areas as designated in 1956 by Sales Management.

<sup>2/</sup> 1956 total population, derived from data reported in Survey of Buying Power, Sales Management 76: May 10, 1956.

The concept of hospital service regions has been active in planning throughout the duration of the Hill-Burton program. Such regions are generally as semi-autonomous, in that one or more major hospital centers in each region provide services not feasible in smaller community hospitals. The nature of the distribution of general hospital beds among entire hospital service regions has been studied in order of revealing differentials in general hospital service available through the program.

As of July 1, 1956, the Hill-Burton State Plans reported 375 hospital service regions. The distribution of population and general hospital beds in these regions is shown in Appendix Table 4, with a summary analysis in Appendix Table E. This summary covers such distributions by (1) the level of available general hospital beds, (2) the total program level planned and (3) the level of income after taxes, or "effective" buying income, per capita, for each hospital service region. It shows that there are 31 regions with 6 million people which have an average level of only 1.57 beds per 1,000 population. This is less than the national average, and only one-fourth of the level found in 20 regions at the same scale, with 4 million population. Accordingly, for entire service regions, there are still striking contrasts in the availability of general hospital facilities. These contrasts are shown also in another way by grouping the regions according to their present level of availability of acceptable beds, when measured as a percentage of the total program planned. This frequency distribution shows a substantial improvement at each level of progress, above 50 percent, toward final program goals. The regional income levels on present availability is shown rather strikingly when grouped by income levels. Fifty regions with a per capita income, after taxes, of \$1,000, and including nearly 10 million population, were substantially below the national average in level of availability.

The effect of income levels on the distribution of general hospital service has been studied further for metropolitan areas. No sharp distinctions appear in the distribution of beds available in entire metropolitan areas and in their central cities, but very small areas at the extreme lower range of income. Income appears to have little effect on availability of beds outside the central city. For metropolitan areas at low and middle income levels, only about one bed for 1,000 population is now available in the suburbs. A level of 1.8 beds for 1,000 population is found outside the central city in 62 areas which have high income.

The additional levels of beds programmed -- by socioeconomic regions, by hospital service regions, and by metropolitan areas, -- as found in Tables D, E and F, are discussed separately later under State Programming.

### Net Change Since 1943

Hill-Burton State Plans show that in 1956 the Nation had 140,000 more general hospital beds than were reported at the end of December 1948. It had 14,000 more acceptable beds in general hospitals than in 1948, and 7,300 less nonacceptable beds. The record for each State appears in Appendix Table 3, together with the distribution of approved Hill-Burton program, in general beds added and in estimated cost of the program. The change in general hospital beds available, from 1943 to 1956, is summarized by region in Table G.

Table E. GENERAL HOSPITAL BEDS: Distribution of general hospital beds among hospital service regions, by level of availability, program level, and per capita income, July 1, 1956

Regional level	Number of hospital regions	Civilian population 1954 (millions) 1/	General hospital beds						
			Existing beds			Additional beds programmed		Total beds programmed	
			Total	Acceptable		Number	Per 1,000 population	Number	Per 1,000 population
				Number	Per 1,000 population				
Distribution by level of availability (acceptable beds)									
Beds per 1,000 population									
All regions .....	375	161.9	616,067	545,980	3.37	177,652	1.10	723,632 4.47	
Under 2.0 beds .....	31	6.4	14,409	10,050	1.57	14,363	2.25	24,413 3.82	
2.0 - 2.9 .....	109	41.9	130,213	108,160	2.58	68,602	1.64	176,762 4.24	
3.0 - 3.9 .....	149	79.3	299,228	272,677	3.44	79,379	1.00	352,056 4.44	
4.0 - 4.9 .....	66	30.0	144,094	128,455	4.28	13,324	.44	141,779 4.74	
5.0 and over .....	20	4.3	28,123	26,638	6.16	1,984	.46	28,622 6.62	
Percent of total program									
All regions .....	375	161.9	616,067	545,980	3.37	177,652	1.10	723,632 4.47	
Under 50 percent .....	29	6.6	15,297	10,640	1.62	15,928	2.43	26,568 4.09	
50 - 59 .....	46	19.0	54,743	46,258	2.43	36,870	1.94	83,128 4.33	
60 - 69 .....	64	35.3	123,179	105,358	2.98	52,844	1.50	158,202 4.48	
70 - 79 .....	82	39.6	147,771	133,126	3.36	43,827	1.11	176,953 4.44	
80 - 89 .....	87	33.6	138,835	126,462	3.77	21,488	.64	147,950 4.44	
90 - 99 .....	51	25.0	120,666	109,096	4.37	6,655	.27	115,751 4.64	
100 .....	16	2.9	15,576	15,040	5.16	40	.01	15,080 5.16	
Distribution by total program level									
Beds per 1,000 population									
All regions .....	375	161.9	616,067	545,980	3.37	177,652	1.10	723,632 4.47	
2.0 - 2.9 beds .....	2	.2	395	238	1.07	383	1.73	621 2.80	
3.0 - 3.9 .....	80	19.8	61,051	52,661	2.66	20,458	1.03	73,119 3.69	
4.0 - 4.9 .....	230	120.5	453,044	401,187	3.33	131,595	1.09	532,782 4.42	
5.0 - 5.9 .....	45	19.0	84,229	75,967	3.99	22,889	1.20	98,856 5.19	
6.0 - 6.9 .....	9	1.2	7,131	6,585	5.66	832	.71	7,417 6.37	
7.0 and over .....	9	1.2	10,217	9,342	8.08	1,475	1.29	10,817 9.37	
Distribution by level of average income of region 2/									
Per capita income									
All regions .....	375	161.9	616,067	545,980	3.37	177,652	1.10	723,632 4.47	
United States .....	369	159.0	605,837	538,539	3.39	171,928	1.08	710,467 4.47	
Under \$500 .....	0	0	0	0	0	0	0	0	
\$500 - 749 .....	9	1.1	2,523	2,176	1.97	1,674	1.51	3,850 3.48	
\$750 - 999 .....	41	8.6	25,611	22,752	2.65	12,266	1.43	35,018 4.00	
\$1,000 - 1,249 .....	81	22.5	78,685	70,458	3.13	29,103	1.29	99,561 4.44	
\$1,250 - 1,499 .....	97	28.4	109,474	96,189	3.39	30,992	1.09	127,181 4.44	
\$1,500 - 1,749 .....	84	46.7	196,593	171,310	3.67	40,252	.86	211,562 4.53	
\$1,750 and over .....	57	51.8	192,951	175,654	3.39	57,641	1.11	233,295 4.53	

1/ Represents population reported in the State Hospital and Medical Facilities Plans.

2/ Represents "effective" buying income, that is, income after taxes. Regional averages based on data in Survey of Buying Power, Sales Management 76: May 10, 1956.

Area level of per capita income 1955 <sup>1/</sup>	Number of metro- politan areas	Total population 1956 (millions)	General hospital beds					
			Existing beds			Additional beds programmed		
			Total	Acceptable		Number	Per 1,000 population	
				Number	Per 1,000 population			
All metropolitan areas								
United States .....	260	108.4	421,770	381,567	3.52	128,545	1.19	5.00
Under \$1,000 .....	2	.4	854	851	1.99	780	1.83	1.16
\$1,000 - 1,199 .....	9	1.0	2,831	2,634	2.71	1,636	1.68	1.16
\$1,200 - 1,399 .....	45	7.6	29,614	26,430	3.46	11,469	1.50	1.16
\$1,400 - 1,599 .....	70	15.1	57,233	52,577	3.47	19,152	1.27	1.16
\$1,600 - 1,799 .....	72	20.2	83,052	74,853	3.71	21,318	1.06	1.16
\$1,800 - 1,999 .....	43	29.2	113,915	102,938	3.53	28,245	.97	1.16
\$2,000 - 2,199 .....	14	30.8	120,401	107,548	3.49	41,898	1.36	1.16
\$2,200 and over .....	5	4.1	13,870	13,736	3.33	4,047	.98	1.16
Central cities								
United States .....	260	64.6	350,900	319,482	4.95	95,874	1.49	4.00
Under \$1,000 .....	2	.2	605	605	3.70	449	2.75	2.00
\$1,000 - 1,199 .....	9	.4	2,257	2,121	5.29	1,306	3.26	2.00
\$1,200 - 1,399 .....	45	3.9	25,798	23,144	5.91	10,699	2.73	2.00
\$1,400 - 1,599 .....	70	8.2	49,331	45,662	5.56	16,874	2.05	2.00
\$1,600 - 1,799 .....	72	10.8	70,101	64,275	5.95	15,000	1.39	2.00
\$1,800 - 1,999 .....	43	15.1	86,252	78,547	5.22	12,349	.82	2.00
\$2,000 - 2,199 .....	14	23.8	105,935	94,641	3.98	37,917	1.59	2.00
\$2,200 and over .....	5	2.2	10,621	10,487	4.73	1,280	.58	2.00
Outside central cities								
United States .....	260	43.9	70,870	62,085	1.42	32,671	.74	1.00
Under \$1,000 .....	2	.3	249	246	.93	331	1.25	1.00
\$1,000 - 1,199 .....	9	.6	574	513	.90	330	.58	1.00
\$1,200 - 1,399 .....	45	3.7	3,816	3,286	.88	770	.21	1.00
\$1,400 - 1,599 .....	70	6.9	7,902	6,915	1.00	2,278	.33	1.00
\$1,600 - 1,799 .....	72	9.4	12,951	10,578	1.13	6,318	.68	1.00
\$1,800 - 1,999 .....	43	14.1	27,663	24,391	1.73	15,896	1.13	1.00
\$2,000 - 2,199 .....	14	7.0	14,466	12,907	1.83	3,981	.57	1.00
\$2,200 and over .....	5	1.9	3,249	3,249	1.71	2,767	1.45	1.00

<sup>1/</sup> Represents "effective" buying income, that is, income after taxes. Based on data in Survey and Sales Management 76: May 10, 1956.

Table G. GENERAL HOSPITAL BEDS: Net change in total existing and acceptable beds, by socioeconomic region, 1948 to 1956

Socioeconomic region	December 1948		July 1956		Net change	
	Number	Beds per 1,000 population	Number	Beds per 1,000 population	Number	Beds per 1,000 population
Total existing beds						
United States and Territories .....	475,366	3.40	616,067	3.80	140,701	10.40
United States .....	465,320	3.39	605,837	3.81	140,517	10.42
England .....	34,596	3.81	38,073	3.92	3,477	11.11
North Atlantic .....	127,342	3.87	153,502	4.14	26,160	27.27
North Atlantic .....	73,734	2.63	109,906	3.33	36,172	70.70
North Atlantic .....	30,254	2.96	44,377	3.64	14,123	68.68
North Atlantic .....	124,504	3.39	162,953	3.85	38,449	46.46
North Atlantic .....	28,903	4.11	38,498	4.64	9,595	53.53
North Atlantic .....	45,987	3.50	58,528	3.54	12,541	10.04
North Atlantic .....	10,046	3.75	10,230	3.51	184	-24.24
Acceptable beds						
United States and Territories .....	397,965	2.85	545,980	3.37	148,015	15.22
United States .....	391,209	2.85	538,539	3.39	147,330	15.54
England .....	30,799	3.40	32,077	3.31	1,278	10.09
North Atlantic .....	102,341	3.11	132,462	3.58	30,121	47.47
North Atlantic .....	63,604	2.27	100,799	3.06	37,195	79.79
North Atlantic .....	27,903	2.73	40,906	3.35	13,003	62.62
North Atlantic .....	102,501	2.79	145,635	3.44	43,134	65.65
North Atlantic .....	24,122	3.43	33,677	4.06	9,555	63.63
North Atlantic .....	39,939	3.04	52,983	3.21	13,044	17.17
North Atlantic .....	6,756	2.52	7,441	2.55	685	10.03

This table shows that the net change in relation to population has been to increase the level of acceptable beds from 2.85 per 1,000 population in 1943 to 3.37 per 1,000 population in July 1956. This gain of .52 beds represents a net gain of 18 percent in addition to allowing for the rapid increase in population. The most striking gain has been in the Southeastern region, which is now only 10 percent below the national average level of acceptable beds. In 1948, this region was 20 percent below the national average. Substantial progress has been made, accordingly, in reducing comparative shortages, as well as in raising the general level of availability of general hospital beds throughout the Nation. In only two broad regions, New England and the Far West, have there been gains which are minor in extent. In New England, this has resulted from the identification and discontinuance of obsolete facilities, offsetting actual new construction. In the Far West, the general rapid increase in population has almost outstripped new construction. Both of these regions in 1956 were slightly below the national average level of acceptable beds in relation to population.

The contribution of the Hill-Burton program by July 1956 substantially exceeds the net gain in acceptable general hospital beds since 1948, in most regions of the country. The record by socioeconomic region is summarized in the following table.

Socioeconomic region	Net increase in number of acceptable beds 1948-56	Hill-Burton beds added, 1948-1956		
		Number	Per 1,000 population	Percent of net increase
U.S. and Territories .	148,015	101,323	0.63	68
United States .....	147,330	99,544	.63	68
New England .....	1,278	5,823	.60	456
Middle East .....	30,121	16,352	.44	54
Southeast .....	37,195	31,231	.95	84
Southwest .....	13,003	10,232	.84	79
Central .....	43,134	21,851	.52	51
Northwest .....	9,555	6,564	.79	69
Far West .....	13,044	7,491	.45	57
Territories .....	685	1,779	.61	260

Nationally, the Hill-Burton program approved to July 1956 is contributing .63 beds per 1,000 population (using the 1954 civilian population, as employed in the State Hospital plans upon which this study is based). The Hill-Burton program total of 101,000 beds being added by July 1956 amounts to 68 percent of the total national increase reported since 1948. In relation to population, the largest Hill-Burton programs have been in the Southeastern and Southwestern regions. This is in accordance with the intent of the basic legislation which puts maximum support per capita in States of lowest income. The Hill-Burton program has contributed about 40 percent of its total in the two socioeconomic regions. In relation to their population, the program has added in these regions about twice as many beds as in the high-income States of the Pacific and North Atlantic seaboard.

planning for hospital facilities in all States. The basic unit of such planning has been the general hospital service area, which can be defined broadly as the logical area served by a single hospital center. It is comparable to, though not always identical with, commercial trading areas. The first array of Hill-Burton State Plans showed a total of 334 hospital service areas in the United States and Territories. A few of these areas were found to have fully adequate facilities. More than one-fourth, however, had no acceptable beds in 1948. The progress of the Nation toward attaining full adequacy of facilities, and eliminating areas of total unmet need, is set forth, by State, in Appendices 5 and 6. This progress is summarized by socioeconomic regions in Table H.

The record shows that by 1956, 16.8 percent of the Nation's population lived in general hospital service areas which had all beds needed. In 1948, only 4.5 percent of the population enjoyed such adequacy of facilities. Most rapid progress toward full adequacy has been made in the Central, Northwest and Southwest regions, which have substantially higher proportions of their population with all beds needed.

On the other end of the scale, local hospital service areas having no acceptable beds have been reduced in number from 596 to 166, and in population from 10.0 million to 3.8 million. These areas, in 1956, contained 1.7 percent of the civilian population. Geographic distribution of this decrease appears in Chart 7. In general, these areas constitute the most difficult areas in which to finance the construction and operation of hospitals. They are usually remote from larger centers, with low average income and with a comparatively small population. These areas are listed individually in Appendix Table I, which shows the location of the proposed hospital, the total beds programmed, and the existing nonacceptable beds, if any, in each area.

### State Programming

Programming for general hospitals has been guided on a Statewide basis by a statutory limit, for Federal assistance, of 4.5 beds per 1,000 population. <sup>1/</sup> This standard has been applied by Public Health Service regulations as a standard for an adequate volume of facilities. The level of State programming for general hospitals in 1956, after nearly a decade of experience, is closely comparable to this standard. The national level is 4.47 beds per 1,000 population, as shown by Table D, is followed closely in the various socioeconomic regions of the country. Less uniformity appears for the total level of programming at metropolitan levels, when such levels are sorted by broad socioeconomic regions. The Middle Eastern States and the Southeastern States have programmed 5.01 beds per 1,000 population in metropolitan areas, while the Far West has programmed 4.12 beds per 1,000 population. Some clues to reasons for this variation may be found in different relative distributions of population between the central cities and the suburbs, as well as in the pattern of income level in the entire series of metropolitan areas. These differences in metropolitan areas appear in Tables D and F.

Current planning for metropolitan areas appears to be markedly affected by the income of the area, with regard to the beds planned in the central cities and in the suburbs. Metropolitan areas of low income tend to plan at a low bed-population ratio in the suburbs, and a high bed-population ratio in the central city. In wealthier metropolitan areas however, the level of beds programmed in the central city declines steadily, with a rapid rise in the level planned for the suburbs.



and Territories .....	170	334	8,220	27,200	4.0	2.0
New England .....	10	28	256	768	2.8	7.0
Middle East .....	23	37	2,505	3,416	7.6	9.0
Southeast .....	23	117	495	3,458	1.8	10.0
Southwest .....	53	97	718	3,102	7.0	25.0
Central .....	24	157	981	11,567	2.7	27.0
Northwest .....	38	111	637	2,615	9.1	31.0
Far West .....	24	40	631	2,297	4.8	13.0
Territories .....	1	7	13	57	.5	2.0

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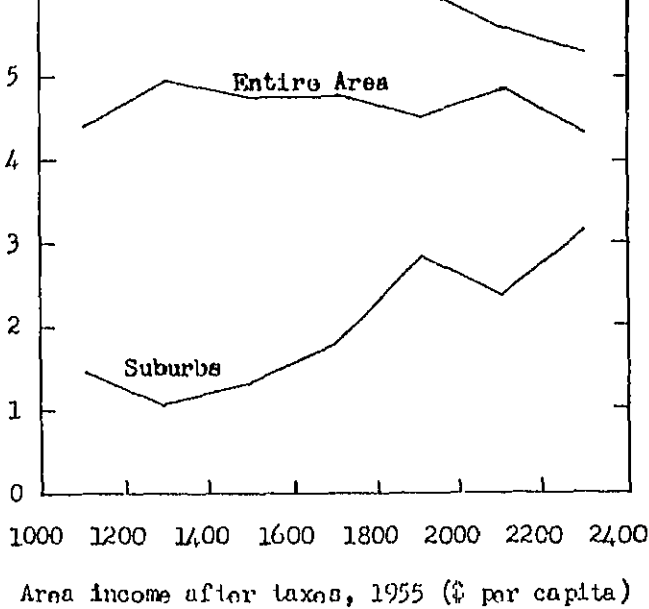
Areas having no acceptable 1

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United States and Territories .....	596	166	10,040	2,812	7.2	1.7
New England .....	13	11	259	193	2.8	2.0
Middle East .....	29	16	617	338	1.9	.9
Southeast .....	202	44	4,225	861	15.1	2.6
Southwest .....	86	14	651	121	6.4	1.0
Central .....	141	38	3,085	877	8.4	2.1
Northwest .....	82	25	795	210	11.3	2.5
Far West .....	27	6	316	159	2.4	1.0
Territories .....	16	12	92	53	3.4	1.8

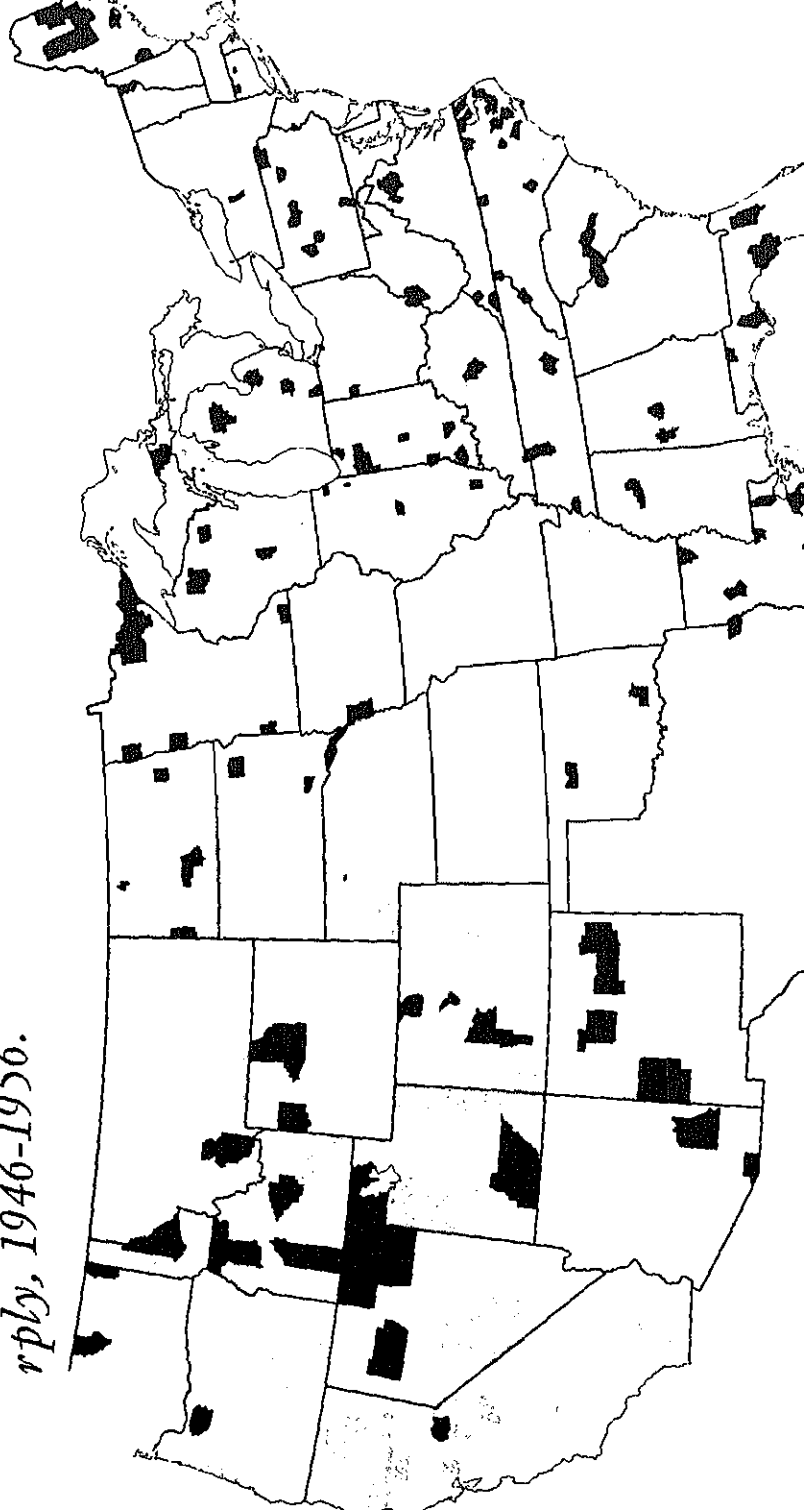
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GENERAL HOSPITAL  
BEDS PROGRAMMED  
IN METROPOLITAN AREAS  
OF THE UNITED STATES  
1956



This trend is shown by the accompanying chart. It suggests that the problem of finding for general hospitals in the suburban fringes of our cities is being approached at a level of at least 2.5 beds per 1,000 population in higher income areas. Detailed data are found in Appendix Tables 8 and 9 for each metropolitan area, including population, income level, and beds available and programmed.

as without acceptable general hospital beds declined  
rply, 1946-1956.



The importance of the concept of general hospital service regions has been previously stressed. The 375 service regions analyzed in Table E show a wide variation in level of beds planned per region. This is true both when these regions are grouped by their present level of availability and by their final program level. Thirty-one regions which now have less than 2 beds per 1,000 population are planning for a total program of 3.82 beds per 1,000 population. At the other extreme, twenty regions which have more than 5 beds per 1,000 population are planning for a final level of 6.62 beds per 1,000 population. The distribution by total program level reflects an even wider variation. The complete range is from below 3 beds per 1,000 population to over 9 beds per 1,000 population. The preponderant number of these regions, however, (all but 20 regions), are planning from 3 beds to 6 beds per 1,000 population. The variation in planning levels found when regions are classified by their average income level is more limited. Metropolitan areas show a more sensitive relationship between income and planning levels than do hospital service regions.

It should be noted that the programming by the several State agencies appearing in the Hill-Burton State Plans reflects official judgment in assigning definite quotas of beds to each single hospital service area of the State. It is guided by standards established by the Public Health Service for minimum levels of adequacy in base, intermediate, and rural areas, but has no upper level of restraint for any single area. In some States, with a large temporary population, such as Florida and New Hampshire, the statutory statewide ceiling on the level of construction eligible for Federal assistance does not preclude recognition of such needs. But program ceilings for Federal assistance do not preclude Statewide planning to higher levels, as in New York.

# T U B E R C U L O S I S

## H O S P I T A L S

### Background

Tuberculosis, characterized by a progressive wasting away or consumption of body tissue, has been recognized since the time of Hippocrates under the Greek name phthisis or more descriptively as "consumption". For centuries, it was considered hereditary and fatal and was a major cause of death. However, Robert Koch's discovery in 1882, of the tubercle bacillus, which causes the disease, revealed that tuberculosis is not only communicable but preventable and curable. Subsequently, diagnosis of the disease was improved by the development of tuberculin in 1890 and the X-ray in 1895.

With the advent of the mass X-ray surveys in the early 1940's, the development of streptomycin and other advances in medicine and surgery and in public health methods, great progress has been made not only in controlling the spread of the disease but in prolonging the lives of those afflicted.

. . .

Although our present hospital facilities for tuberculosis patients are predominantly under governmental auspices, the first institutions were privately built and financed. Two years after the discovery of the disease-causing microorganism, the first private sanatorium, Adirondack Cottage, was founded by Dr. Trudeau at Saranac Lake, New York, for the treatment of indigent patients. Government, however, did not enter the field of providing tuberculosis hospitals and sanatoria until after the discovery of the disease. The first tax-supported special tuberculosis hospital was established in Cincinnati, in 1897, and the first State sanatorium was established the following year in Rutland, Massachusetts (18).

Since research revealed that the tubercle bacillus would not develop in pure sunlight and sunshine, this soon led to the construction of numerous inexpensive facilities, "out-of-door-living" in places offering favorable climates. This "shack" era, as it has been called, was started in 1902 with the building of the lean-to or shack at the Sanatorium Annex, Liberty, New York.

Private and public efforts to combat the disease were formalized and accelerated by the formation of a national voluntary association in 1904. As a result, the number of tuberculosis hospital beds increased from less than 10,000 in 1904 to 30,000 by 1914 and about 61,000 by 1929. The total had reached more than 78,000 beds by 1940 (4, 7).

Concurrent with this great expansion in beds for tuberculosis patients and the continuing development of more effective measures for the prevention, treatment, and control of the disease, the tuberculosis mortality rate declined rapidly. It dropped from 194 per 100,000 population in 1900 to a low of 41 per 100,000 in 1944 (7, 19).

of Hospital Care in 1947 to recommend that additional tuberculosis beds be or near general hospitals so that they could be converted to general hospitals if they were no longer needed in the treatment of tuberculosis. Such thinking led to the recognition that the general hospital itself plays an important role in the fight against tuberculosis, influenced the initial planning of the States for the construction of tuberculosis facilities under the Hospital Survey and Construction Act, and indicated plans for the construction of tuberculosis beds as units of, or in connection with, general hospitals. Others planned tuberculosis facilities which could be converted to general hospital facilities.

Today, although mass X-ray surveys have resulted in the discovery of many more cases of tuberculosis, the actual number of persons admitted to tuberculosis hospitals is declining due to changing methods of treatment and care. It is now possible for tuberculosis patients to be treated as ambulatory out-patients rather than as inpatients. For those needing hospitalization, the average length of stay has decreased somewhat. All of these factors affect not only our current needs but our future needs for tuberculosis beds.

### Existing Beds

As of July 1956, according to the State Plans submitted under the Hospital Survey and Construction Act, there were 95,763 non-Federal tuberculosis hospital beds in the United States and Territories. Of these beds, 84,663, or about 90 percent, were listed by the State agencies as acceptable. The remaining 11,105 beds were considered non-acceptable because of functional or physical hazards. According to the Federal Service regulations, tuberculosis beds have been defined as beds for persons hospitalized for the primary condition of tuberculosis. If this is not the primary condition, as in the case of mental patients who are afflicted with tuberculosis, the beds are not classed in this category. State Plan inventories do not report Federal tuberculosis hospitals. Other data indicate, however, that there are about 15,000 Federal beds in use for tuberculosis care, chiefly in Veterans Administration hospitals.

Appendix Table 10 indicates that the Nation as a whole has 0.5 acceptable tuberculosis beds per 1,000 population. Because of great differences in the occurrence of tuberculosis among the States and Territories, as well as in the climates of such States as Arizona, Colorado, and New Mexico where once the climate is the most favorable for the treatment of tuberculosis, there is much variation in the level of beds available. Vermont is currently at one extreme, with no acceptable tuberculosis beds, whereas Alaska has 3.2 beds per 1,000 population. Within the States have the following bed-population ratios:

<u>Beds per 1,000 population</u>	<u>Number of States with acceptable tuberculosis beds</u>
Total .....	53
0.0 .....	1
0.01 - 0.25 .....	12
0.26 - 0.50 .....	12
0.51 - 0.75 .....	20
0.76 - 1.00 .....	3
Over 1.00 .....	5

## Beds Needed

Additional bed needs are estimated by the States in accordance with bed-ratios prescribed in the Public Health Service Act, Title VI, as amended. Under the statute, the bed-ratio for general hospital beds was dependent on population density, while that for tuberculosis beds was related to the mortality rate. The tuberculosis bed-ratio allowed 2.5 beds per average annual death for the latest five-year period.

In the United States, the mortality rate for tuberculosis dropped rapidly from 41 deaths per 100,000 population in 1944 to 9.1 in 1955, while new cases of active tuberculosis continued to be discovered at a rate which was declining only slightly (7.1). Accordingly, more realistic new standards for determining tuberculosis bed-ratios based on the incidence of active cases, have been substituted for the mortality rate in computing need.

In the revised Public Health Service regulations, which became effective in 1954, the number of beds required to provide adequate service for tuberculosis patients in any State was changed to the following:

"1.5 times the average number of active and probably active new cases of tuberculosis found annually during the latest two-year period for which data are available, as certified by the State Health Department, provided that the total number of beds so determined shall not exceed 2.5 times the annual deaths from tuberculosis in the State over the five-year period from 1940 to 1944 ... the term 'probably active' means the probable clinical status of the disease when activity has not been determined from adequate roentgenologic and laboratory examinations."

During this period June 1954-1956, the States estimated their total need for tuberculosis beds either on the basis of mortality or of incidence, since this method was made optional for a two-year grace period. On these bases, as of July 1956 there is a total need for 112,000 tuberculosis beds -- 75 percent of which is not met by acceptable beds. This is a far different picture from that indicated in 1948 when, estimated solely on the basis of the mortality rate, that the total need for beds for the care of tuberculosis patients was 155,000 beds -- only 47 percent of which had been met.

## Net Change Since 1948

We have gained about 12,000 acceptable tuberculosis beds since 1948, when State inventories were first made. Hill-Burton aid has helped to provide 8,704 beds, or 72 percent. About one-eighth of these Federally-aided beds are being used in tuberculosis units in general hospitals.

Additional beds programmed ..	61,305	11,439
Total beds programmed .....	133,886	96,102
Unassigned beds .....	21,388	23,291

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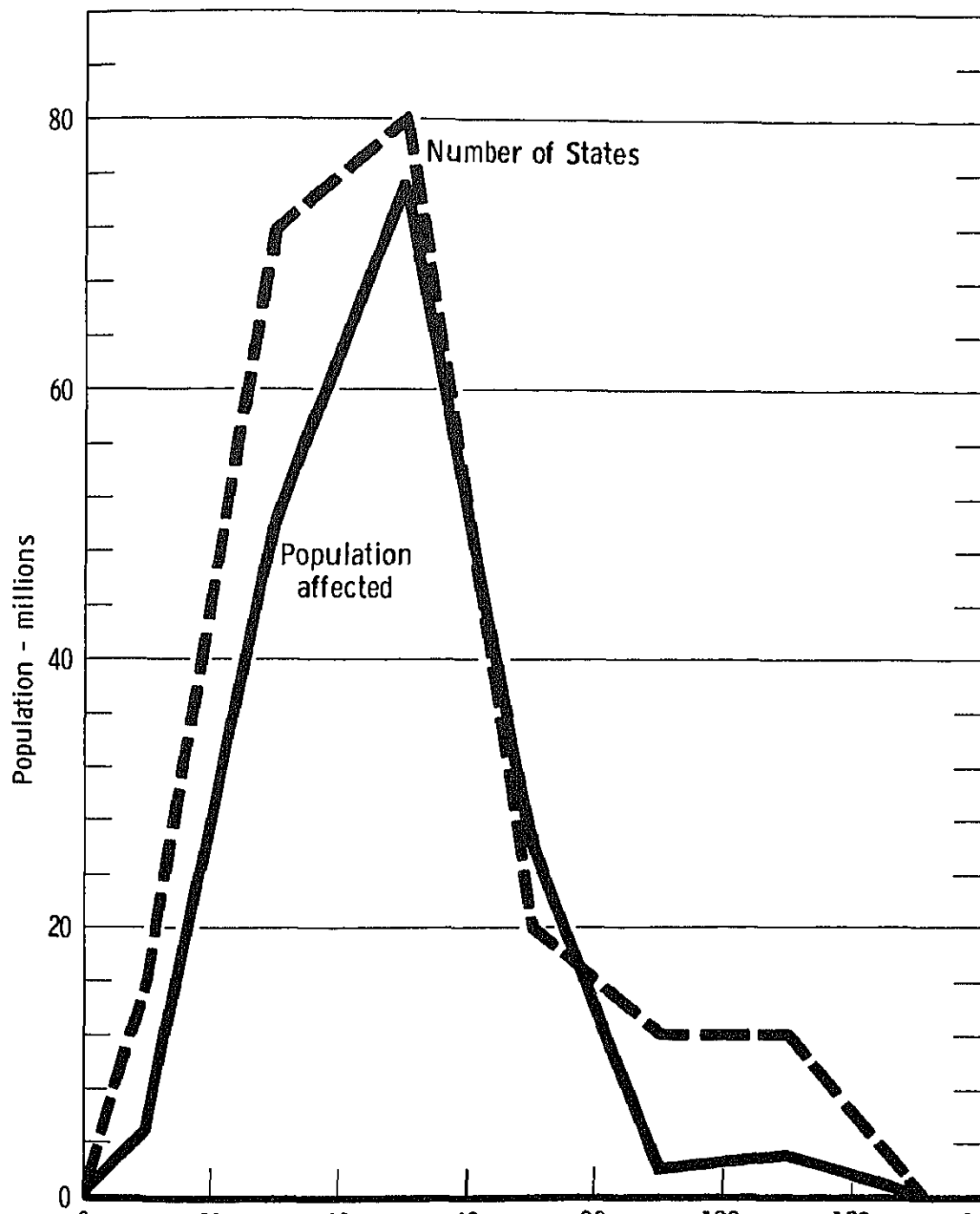
These data reflect to some extent our decreasing need for tuberculosis such factors as gradually declining incidence and changing methods of

Appendix Table 11 indicates that nine States show no significant change to 1956 in their acceptable bed-population ratios, 22 declined slightly, and 19 had a small net gain. The greatest relative change occurred in Alaska and Hawaii, which have nearly two more beds per 1,000 population than in 1948.

The annual number of newly reported active and probably active tuberculosis cases and rates per 100,000 population for 1952-1955, by State, is given in Appendix Table 12. As these data indicate, the incidence rates are declining, but more slowly than the mortality rates. There is also great variation among the States and Territories. This is due to such facts as climate, living conditions, and preventive health care activities within the States. Chart 8 shows the variation in State tuberculosis incidence rates and in the total number of persons affected at the various States and Territories.

Disparities among the States as to their case-finding activities are reflected in the reported incidence rates. In 1955, 24 percent of the District of Columbia's population and 27 percent of Hawaii's population was X-rayed in connection with tuberculosis case-finding programs (14). Nevada, on the other hand, had no such activity. It should also be borne in mind that an apparent increase in incidence from year to year in a single State may only be a reflection of an increased screening program. In any event, there are undoubtedly many unknown cases of tuberculosis in every State and Territory, the majority of which could be located through more intensive case-finding activities.





## State Programming

Appendix Table 10 shows that on July 1, 1956, 17 States and Territories had more tuberculosis beds than the maximum allowed for Federal assistance. However, these States were estimating their need on the basis of the obsolete standard. <sup>1/</sup> Seventeen other States did not program for construction any additional beds allowed for the care of tuberculosis patients. Of the remaining Territories, about one-half programmed all or most of the additional beds needed. Table 9 shows the cumulative population served by the nearly 84,700 existing tuberculosis beds and the 11,400 beds programmed in 1956.

When the beds actually existing and programmed by the State are compared uniformly with incidence levels reported for 1954-55, the results are shown in the following table:

Bed-incidence ratio (Beds per new active case, 1954-55)	Distribution of States*, July 1, 1956	
	For existing acceptable beds	For total beds programmed
Total .....	52	52
None .....	0	0
.01 - .25 .....	2	0
.26 - .50 .....	1	0
.51 - .75 .....	7	1
.76 - 1.00 .....	13	13
1.01 - 1.25 .....	14	11
1.26 - 1.50 .....	6	12
1.50 PHS standard of need		
1.51 - 1.75 .....	3	5
1.76 - 2.00 .....	1	5
Over 2.00 .....	5	5

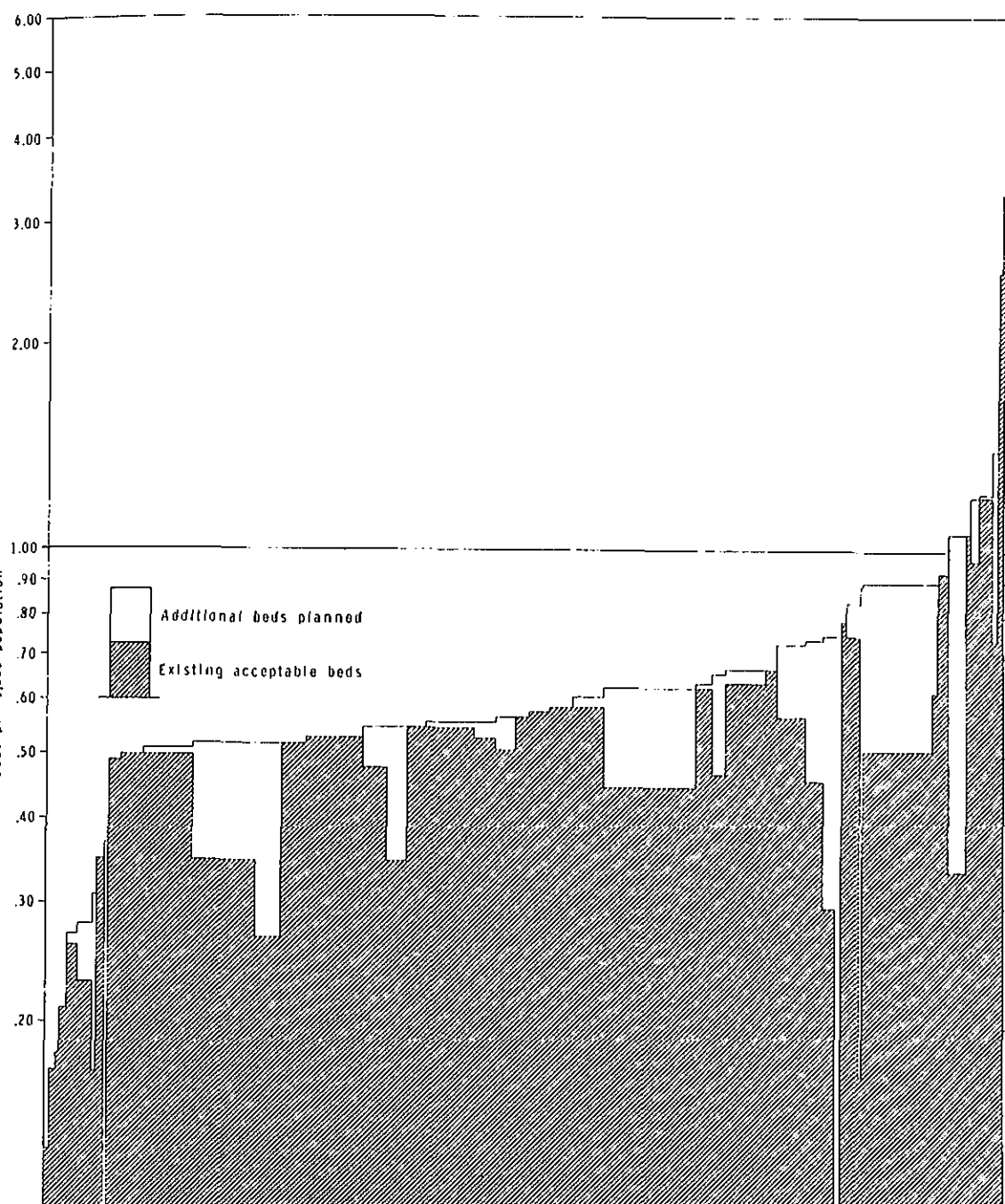
\*Excludes the Virgin Islands; data not available.

From this analysis, it appears that about one-half of the States are still substantially short of facilities, according to PHS incidence standards, although many have beds to exceed these standards. Programming of additional beds to meet this PHS standard of adequacy.

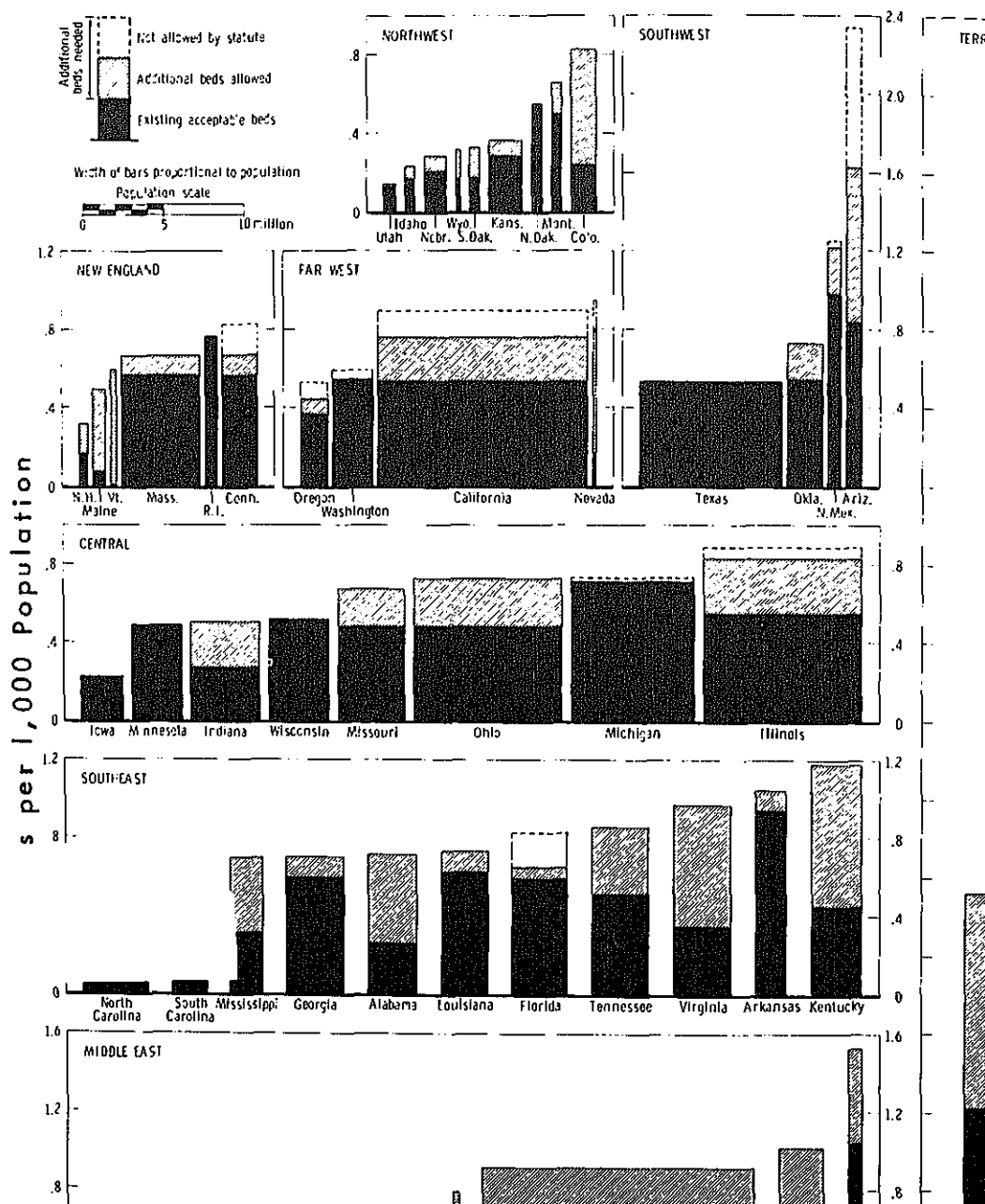
Chart 10 depicts, by socioeconomic region, how many tuberculosis beds are needed in each State per 1,000 population, on a consistent basis of 1.5 beds per newly-reported active or probably active tuberculosis case, averaging calendar years 1954 and 1955. Each bar shows the existing acceptable beds needed. The States of Minnesota and Wisconsin are examples of States where tuberculosis beds exceed current need, according to the incidence rate.

<sup>1/</sup> Subsequent data indicate that on the incidence basis all but one or two States have fewer beds than were needed.

*Tuberculosis beds existing and planned,  
and population served, 1956*



(Based on 1954-55 Tuberculosis Incidence)



11 of the States are planning the distribution of tuberculosis facilities on a basis, with the exception of Illinois and Tennessee. In these two States being determined according to the general hospital service regions. Some States encountered special problems in planning for future construction of tuberculosis beds. Colorado, for example, has more than 1.5 beds per average annual newly case, but approximately two-thirds of its beds are for the use of out-of-State and additional beds are required for the use of its own population.

Public Health Service regulations require that "whenever practicable, tuberculosis receiving grants under the Federal Act shall be built in centers of population proximity to general hospitals." It is further required that tuberculosis planned to be constructed with Federal aid should have no less than 100 beds, in isolated areas which are too small to support a larger hospital. Since it is noted that the number of hospital beds needed specifically for tuberculosis will continue to decrease, many States are now planning tuberculosis beds as , or in conjunction with, general hospitals, so that such beds could eventually be used to other uses.

## MENTAL HOSPITALS

ound

The lack of adequate facilities in this country for providing care to our mentally ill is not of recent origin. Not only were mental hospitals and mental health programs absent during the early colonial period, but insanity was viewed as a disgrace rather than an illness. There were no special institutions for the mentally ill, and almshouses were commonly used to house mentally ill patients. During the first half of the 18th century, cruel and repressive confinement was characteristic. It was not until the second half of that century that the work of Dr. Benjamin Rush, "father of American psychiatry", in promoting humane or "moral" treatment for the mentally ill, brought about a change and laid the groundwork for a more enlightened and scientific approach to mental illness (7,18).

In 1773, the first hospital exclusively for mentally ill patients was founded by the Virginia House of Burgesses at Williamsburg. Small private hospitals, however, were not established until about 1800. Mentally ill patients who were indigent or wards of the community were seldom supported in these institutions, but continued to be cared for in jails and workhouses at public expense. The large State institutions, which have characterized the basic pattern of treatment of the mentally ill in this country, were developed between 1825 and 1850. After 1850, the size of these hospitals increased and, in the larger institutions, the intimate contacts of patients and staffs, which had characterized the moral treatment period, ceased (11,18).

The years from about 1880 to 1945, are known as the "dark age" of custodial care in mental hospitals (21). Because of pressures for admission, plus economy measures imposed by State legislatures, large State hospitals developed shocking methods of treatment and many abuses. Inhumane and miserable conditions were still prevalent at the turn of the century and even later, despite Miss Dorothea Lynde Dix's crusade for a return to humanitarian methods of custodial care (11).

Since World War II, however, there has been a more sustained interest in the improvement of mental health, the prevention of mental diseases, and the care and treatment of mentally ill patients needing hospitalization, as well as in the appropriate research to improve these services.

Legislatively, the year 1946 was a landmark in the mental health field. The passage of the National Mental Health Act provided for the establishment of a National Institute of Mental Health and grants-in-aid for research and training and the development of mental health programs (13). In the same year the enactment of Title VI of the Public Health Service Act (Hill-Burton program), not only authorized funds for the construction of mental health facilities, but initiated the first nationwide survey as to the acceptability of hospital beds for the mentally ill.

Table I. Estimated annual use of mental hospital facilities, 1956

Economic	Mental facilities		Mental hospitals		General hospital mental units			
	Admissions per 1,000 population	Patient days per 1,000 population	Admissions (thou.)	Patient days (millions)	Average length of stay (days)	Admissions (thou.)	Patient days (millions)	Average length of stay (days)
... ..	3.1	1,293	300	204	680	199.4	4.5	22
... ..	3.1	1,308	298	203	680	198.8	4.5	22
... ..	3.2	1,709	27	16	605	4.0	.3	66
... ..	3.2	1,826	69	67	963	48.7	1.0	21
... ..	2.3	896	60	29	489	17.1	.3	15
... ..	1.6	795	13	10	720	6.7	.1	18
... ..	3.2	1,296	67	52	783	70.1	2.3	33
... ..	5.0	1,198	14	9	658	26.0	.3	11
... ..	4.5	1,199	48	19	406	26.1	.2	8
... ..	.9	414	2	1	640	.6	.0	9

te Hospital and Medical Facilities Plans, July 1, 1956.

Today, methods of relieving mental hospital overcrowding and of improving residential services for the mentally ill are following the trend for community and home treatment, rather than encouraging the enlarging of the traditional mental hospital. Considerable emphasis is being placed on community mental health centers, outpatient clinics and such new ideas as branch hospitals for the aged and other groups, day and night hospitals, half-way houses, the psychiatric sheltered workshops, geriatric hospitals, colonies for the mental deficient, psychiatric rehabilitation centers, diagnostic and screening centers, therapeutic farms, and ex-patient clubs.

The role of the psychiatric unit in the general hospital also has not been overlooked in meeting the needs of the mentally ill. In 1947 the Commission on Hospital Care recommended that "general hospitals should provide ... for the diagnosis of mental diseases and for the treatment of those patients who are not in need of long-term institutional care" (7). Although psychiatric units in general hospitals have been developing since about 1920, the American Hospital Association's census of hospitals indicates that only 18 percent of the general hospitals reporting on such care admitted psychiatric patients (2, 18). The analysis of the information reported by the States for the Hill-Burton program will show that a considerable number of the beds in non-Federal hospitals providing for the mentally ill are in general hospitals.

#### Existing Beds and Their Uses

As of July 1956, two-fifths of all non-Federal hospital beds in the country were for the mentally ill. Of the total 520,725 mental hospital beds reported in the State inventories, 449,910 beds or about 85 percent were considered acceptable by the States with respect to fire and health hazards (Appendix Table 13). While the national ratio of acceptable beds per 1,000 population was 2.8 beds, the State ratios varied from a low of 0.1 beds per 1,000 in Alaska to a high of 7.0 beds per 1,000 population in the District of Columbia.

The Public Health Service regulations now define a mental hospital as "a hospital for the diagnosis and treatment of nervous and mental illness". 1/ As the explanatory notes indicate, beds in other types of hospitals which have been specifically assigned the care of mental patients are included if they do not number less than 10 beds.

Of the 838 facilities for the mentally ill reported in the State Plans as of July 1, 1956, one-fourth are psychiatric units of general hospitals (Appendix Table 13). Most of these are considerably larger than the 10-bed minimum specified in the regulations. In fact, the average for the 36 States reporting such units is 55 beds.

As estimates of the average length of stay indicate, these psychiatric units are for the diagnosis and treatment of mental disease in its early stages. The average stay at these facilities is about 22 days, in contrast to an estimated average of about one year and ten months in mental hospitals. As Table I shows, there is marked variation among the socioeconomic regions of the country in the level of service provided (patient days per 1,000 population). In New England and the Middle Eastern States, the total patient days per 1,000 population for care of mental illness were more than twice that provided throughout the South and Southwest.



On this basis, the States and Territories estimate a total need for more than 811,000 mental beds. Thus, the States have at present only 55 percent of their total needs met by existing acceptable mental beds.

### Net Change Since 1948

Between 1948 and 1956, both the number of mental facilities and the number of acceptable beds for the mentally ill have increased. Physical facilities, that is, mental hospitals and psychiatric units in general hospitals, grew from 641 to 838; an increase of 30 percent. Existing acceptable beds increased 18 percent, from 381,917 in 1948 to 449,910 in 1956. However, during this period the national bed-population ratio changed only slightly -- an increase of 0.1 beds per 1,000 population. A number of States, as Appendix Table 16 indicates, showed declines in relation to population.

During this period, the Hill-Burton program contributed some 13,609 beds at an estimated total cost of nearly \$154 million of which the Federal share was about \$46 million (Appendix Table 16). About one-fifth of these Federally-aided beds are being built as mental units of general hospitals. Highlights of changes since 1948 are shown in the following table.

Item	Mental beds reported by State Plans		
	December 1948	July 1956	Percentage change
Total beds .....	429,221	520,725	/ 21.3
Acceptable beds:			
Number .....	381,917	449,910	/ 17.8
Percent of total .....	89.0	86.4	- 2.6
Per 1,000 population .....	2.7	2.8	/ .1
Nonacceptable beds .....	47,304	70,815	/ 49.7
Additional beds programmed ..	151,108	123,991	- 17.9
Total beds programmed .....	533,025	573,901	/ 7.7
Unassigned beds .....	159,830	237,571	/ 48.6

## Programming

As of July 1956, the States and Territories programmed nearly 124,000 additional beds for the mentally ill. Although in some instances the Plans do not specify whether the beds will be built as separate mental hospitals or as units of general hospitals, 109,045 have been specifically designated -- 87,013 as mental hospitals and 22,032 as psychiatric units in general hospitals.

Because of studies underway or because of need for further evaluation of existing programs, 237,571 beds which are allowable for construction (according to the standard of 3.5 beds per 1,000 population) have not been assigned to specific communities or States. The total program planned, that is, allowable beds plus those programmed, amounts to 573,901, or 3.5 beds per 1,000 population. Sixteen States and Puerto Rico have programmed all of the additional mental beds estimated to be needed on the basis of the 3.5 bed ratio (Appendix Table 14). It should be noted, however, that even these estimates are usually very tentative depending upon future developments. Exploratory studies indicate a considerable correlation between State average income and the level of mental hospital beds programmed per 1,000 population.

In planning to meet the needs of the mentally ill, more and more States are becoming aware of the desirability of overall State and community mental health programs. States are concerned with the provision of a wide variety of facilities to meet total mental health needs.

## CHRONIC DISEASE HOSPITALS

### round

Not so many years ago chronic illness was frequently labeled as "incurable" and "hopeless." Today changing concepts and advances in preventive medicine and physical and vocational rehabilitation have made the picture much more optimistic.

Modern preventive medicine through periodic physical examinations can often detect conditions which, if not discovered early, could lead to chronic illness. Similarly, the resulting disabling effects of such illnesses can often be minimized or even prevented by the early use of physical and vocational rehabilitation. No longer are chronic diseases, as they develop in adulthood and especially in the older age-groups of our population, accepted as necessary conditions of the adult aging process, any more than common infectious diseases of childhood are now thought to be unavoidable in the development of the growing child.

Despite these changing concepts our death rate due to chronic noninfectious diseases has been steadily increasing since 1920, while we have made great progress in reducing the number of deaths from various communicable diseases (Chart 11). Chronic disease is now one of our greatest and most challenging health problems.

In 1950, it was estimated that 5.3 million people in the United States were afflicted with long-term disabling chronic diseases or impairments. Of these, 1.1 million were in long-term hospitals and institutions and 4.2 million were living in their homes, homes of relatives, foster homes, or in short-term general hospitals. Two-thirds of these disabled persons were 65 years of age and over (6).

Our population is becoming more and more an "aging" population. The advancing age of medicine has increased life expectancy from 47 years in 1900 to nearly 70 years in 1955. During the first half of this century, the number of people aged 65 and over increased fourfold, while our total population doubled. In another fifty years, it is anticipated that the number of persons over 65 will have risen from 14.7 million to 24.7 million. Chronic illness does not occur exclusively among elderly people, but it is more prevalent in the older age-groups and the danger of developing such illnesses increases as people grow older (26, 32, 34).

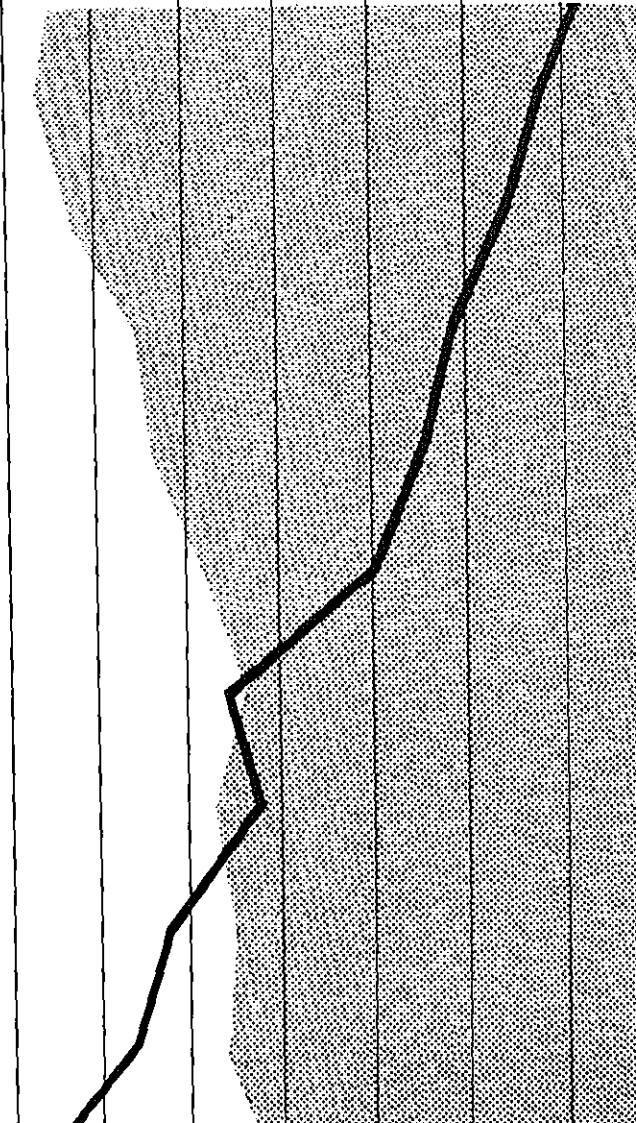
Thus the need for facilities to care for the chronically ill is constantly increasing. Some of today's chronic disease hospitals have been hospitals from their inception. Many others have developed from county poor farms or homes for the aged. Some have retained in varying degrees their function of providing domiciliary care for the indigent, some have added various active medical care services.

*rising chronic illness demands more medical care.*

POPULATION

CHRONIC  
NONINFECTIOUS  
DISEASES

INFECTIOUS  
DISEASES



ugh opinions differ as to how the needs of the chronically ill can best be met. There is a growing trend to focus more and more on the "whole" patient. Chronic hospitals themselves are recognizing their need to have the complete range of hospital services, plus various additional services that long-term patients require. This concept was voiced by the Commission on Hospital Care in 1954. Relatively few chronic disease beds have been built under the Hospital and Health Facilities Construction program, almost two-fifths of these beds have been built in general hospitals.

phasize the need for the care of the long-term patient as well as the need for a range of health facilities, Title VI of the Public Health Service Act was passed in 1954 to provide additional funds to stimulate the construction of chronic hospital beds and nursing home beds. Though chronic disease hospitals were authorized under the original Act of 1946, only 12 percent of the need had been met when the amendments were enacted.

### S

tate Plans for hospital construction indicate that there are relatively few hospital beds today which are primarily for the care of the chronically ill. However, it is estimated that about 25 percent of the total days of care in the short-term hospitals are currently devoted to chronically ill patients requiring long-term care.

July 1, 1956, a total of 48,564 chronic disease beds were reported for the States and Territories. Of this number, 42,311 or 87 percent, are considered as being under the individual State agencies (Appendix Table 17).

defined under the Hill-Burton program, the chronic disease hospital, which may be a general hospital, or a separate unit, is a hospital for the treatment of chronic disease, including the degenerative diseases, and in which treatment and care are provided by or under the direction of persons licensed to practice medicine or surgery in the State. Hospitals primarily for the care of the mentally ill or tuberculosis, nursing homes, and institutions, the primary purpose of which is domiciliary care, are not included.

nally, there are only 0.3 acceptable chronic disease beds per 1,000 population in the national average among the States in the availability of such beds varies from none in Alaska to 1.5 beds per 1,000 population in Rhode Island and Delaware and the Virgin Islands.

As the following distribution of the States and Territories shows, their bed-population ratios shows, 36 had less than the national average:

<u>Beds per 1,000 population</u>	<u>Number of States with acceptable chronic disease beds</u>
Total .....	<u>53</u>
None .....	8
0.01 - 0.25 .....	28
0.26 - 0.50 .....	8
0.51 - 0.75 .....	3
0.76 - 1.00 .....	3
Over 1.00 .....	3

more than one-half of these non-Federal beds are concentrated in the Middle States.

## Beds Needed

The Public Health Service regulations have set the number of beds required to provide adequate hospital services for chronic disease patients in any State at 2 beds per 1,000 population. However, with the 1954 amendments and the recognition that the planning of chronic disease hospital facilities could not realistically be divorced from the related role of nursing homes, this standard may be reduced to not less than 1 bed per 1,000 population if nursing home beds are planned in lieu thereof.

On these bases, the States and Territories report an estimated total need of 310,666 beds. Only 14 percent of the country's need for chronic disease beds has been met by existing acceptable beds. An additional 268,355 beds are therefore needed.

## Net Change Since 1948

Since the first State Plans were submitted under the Hospital Survey and Construction program, the number of acceptable chronic disease beds has increased by nearly 14,000 beds. Despite this 48 percent increase in the number of beds available, the bed-population ratio has only increased by 0.1 beds for each 1,000 persons because of our growing population (Appendix Table 18). During this period, 9,603 chronic disease beds were approved for construction under the Hill-Burton program at a total cost of \$159 million with the Federal share amounting to \$37 million.

As the primary emphasis of the Hill-Burton program thus far has been the construction of general hospital beds, 10 States have not built any chronic disease beds under the program. Though 35 percent of the beds have been constructed in the Central region, the greatest improvement in terms of acceptable beds per 1,000 population has been in the New England region.

Highlights of changes in our national status since 1948 are shown in the following table.

Item	Chronic disease beds reported by State Plans		
	December 1948	July 1956	Percentage change
Total beds .....	36,250	48,564	+ 34.0
Acceptable beds:			
Number .....	28,517	42,311	+ 48.4
Percent of total .....	78.7	87.1	+ 8.4
Per 1,000 population .....	0.20	0.26	+ 0.06
Nonacceptable beds .....	7,733	6,253	- 19.1
Additional beds programmed ..	126,503	140,760	+ 11.3
Total beds programmed .....	155,020	183,071	+ 18.1
Unassigned beds .....	122,073	127,595	+ 4.5

## Programming

As of July 1956, more than one-half of the additional chronic disease beds which allowable for Federal construction aid on the basis of the prescribed ratio had been programmed for construction. Although 11 States and Territories did not program any additional beds for construction, one, the Virgin Islands, already had the maximum allowable. In contrast, 12 States are specifically programming all of the beds needed.

While practically all of the States are developing their plans for the distribution of chronic disease beds on a Statewide basis, a few States utilize general hospital regions or areas for planning purposes and a few have delineated special chronic disease areas.

The Public Health Service regulations establish that priority shall be given to those States in which the chronic disease facility will be operated as a subunit of a general hospital. Some of the advantages of such an arrangement are that it (1) provides medical supervision; (2) encourages the development of interest and research in chronic disease; (3) emphasizes the opportunity for teaching and training in the problems of long-term care patients, and (4) eliminates duplication of clinical facilities for acute and chronic illness.

This approach is in agreement with the conclusion of the recent Commission on Chronic Illness that "care of the chronically ill is inseparable from general medical care. While it presents certain special aspects, it cannot be medically isolated without creating serious dangers of deterioration of quality of care and medical stagnation" (6).

Background

The very rapid growth of nursing homes in this country during the past 25 years has been precipitated by a number of social, medical, and economic happenings. Changing patterns of family living, longer life expectancy, marked increase in the numbers of aged persons, and the growing significance of the chronic diseases have all created a need for nursing homes and other related types of facilities to provide care for the long-term patient.

Prior to the thirties, it is generally known that only a few such homes existed. With the enactment of the Social Security Act in 1935, which made Federal funds available to the needy aged, the number of proprietary boarding and nursing homes for elderly people began to flourish and public almshouses subsequently declined. It was not until 1939, however, that the first known count of "nursing homes" indicated that there were about 1,200 nursing, convalescent, and rest homes with approximately 25,000 beds (5,27). This national survey, reported by Block, was made in connection with the Bureau of the Census studies of institutional mortality.

Since the enactment of the Hospital Survey and Construction Act in 1946, the Public Health Service has been responsible for assisting communities, through officially designated State agencies, in planning and constructing chronic disease hospitals. It became increasingly evident that realistic planning for the chronically ill necessitated consideration of the nature and growing role of nursing homes. Yet the basic facts needed to develop an interrelated program were totally lacking.

In 1953, such concerns led the Commission on Chronic Illness, the Public Health Service, and the health departments and agencies of 13 States to conduct a study focusing on (a) what type of patients are in existing homes, and (b) what type of care these patients receive. Their findings not only substantiated current general opinion but provided for the first time factual data indicating that patients in nursing homes are aged, heavily disabled, chronically ill, and predominantly long-term residents (30).

While this study was in progress, the heightened public awareness of the need for facilities for the aged and chronically ill was officially voiced by President Eisenhower in his Special Health Message to the Congress in January 1954. Since national information on the availability of nursing homes was extremely scanty, the Division of Hospital and Medical Facilities of the Public Health Service initiated in the spring of 1954 a national inventory to obtain data which would be needed to implement any prospective legislation (31). In July 1954 the Congress enacted the Medical Facilities Survey and Construction Act which authorizes Federal funds for the construction of nonprofit nursing homes, as well as chronic disease hospitals and other types of medical facilities for long-term patients.



According to the 1954 inventory, there are a total of about 25,000 "homes" of all types with about 114,717 beds. These facilities range from the boarding home for aged persons which provides supportive services to the professional type of nursing home providing skilled nursing and intensive nursing care. Because the "nursing home" is not a uniform institution and means different things to different people and places, the inventory sought to classify facilities according to the type of care furnished. On the basis of definitions established for the purpose, nursing homes were classified as: skilled nursing homes, personal care homes, nursing, personal care homes without skilled nursing and shelter care homes.

The amended Act provides Federal funds only for the construction of facilities for the accommodation of convalescents and other persons who are in need of hospital care, but who require "skilled nursing" care services. In the 1954 inventory, such skilled nursing homes provided 40 percent of the total beds of all types reported. Although skilled nursing homes are proprietary, they are generally small, with 70 percent of the skilled nursing home beds. Proprietary homes had 43 beds, voluntary homes 43 beds, and public homes 69 beds (29).

Skilled nursing care has been defined administratively as the procedures employed in caring for the sick which require technical skills beyond that which the untrained person possesses. These skilled nursing facilities constructed under this program may be operated in connection with a hospital or be independent facilities where nursing care and medical services are provided under the general direction of persons licensed to practice medicine or nursing. The amendments authorized a total appropriation of \$10 million annually for the construction of public and private nursing homes receiving less than \$50,000, for the construction of public and private nursing homes. The actual appropriations have been \$4 million each year.

### Existing Beds

Inventories established by the States for planning purposes are based on definitions relating to skilled nursing care. As of July 1956, the State Plans for hospitals and medical facilities reported 217,577 skilled nursing home beds (Appendix Table 19). Except for the States which did not report, each of the States and Territories reported the number of nursing home beds.

Only about one-half of the total beds in the United States, 114,717 beds, were classified as acceptable by the State agencies for nursing care and health hazards. Since many nursing homes have been established since 1945, and were not originally designed for such use, it is not surprising that only 0.7 acceptable beds per 1,000 population in skilled nursing homes.

Among the States, the availability of acceptable beds is relative to population varies widely. While Kansas and Maine reported the highest number of acceptable beds in these initial inventories, Rhode Island reported the lowest with 0.4 acceptable beds for every 1,000 persons who reported a population. Regionally, excluding the Territories, the South reported the lowest with 0.4 acceptable beds for every 1,000 persons who reported a population. The ratio of 1.1 acceptable beds per 1,000 population.

A special tabulation (Appendix Table 20) of the total nursing home beds reported in the State Plans, by type of ownership, indicated that about 30 percent of the beds in voluntary and public facilities. Although 63 percent of the beds were reported as being in proprietary nursing homes, the actual number is probably closer to 70 percent since it may be reasonably assumed that most of the 7 percent which were reported as "unknown" were under proprietary auspices. 1/

With respect to the acceptability of the beds from a structural standpoint, 46 percent of the beds in proprietary homes were reported as acceptable by the State agencies. Larger proportions of the beds under voluntary and public auspices were so classified -- 74 percent and 82 percent, respectively. This designation should not be construed as reflecting in any way on the medical care and treatment programs of these facilities.

### Beds Needed

An element of flexibility in planning is provided by a combined standard of need for nursing homes and chronic disease hospitals. This basic standard of need for nursing homes has been established by the Public Health Service regulations at from 1 bed to 3 beds per 1,000 population. The ceiling can be raised up to 4 beds per 1,000, if the allowance for chronic disease hospital beds is correspondingly reduced so that the total number of nursing home beds and chronic disease beds does not exceed 5 beds per 1,000 population.

As the following distribution of the States shows, nearly one-half of the States have adopted a ratio of 3.0 beds per 1,000 population for determining their need for nursing home beds, 10 States are using the minimum of 1 bed and 5 States are planning the basis of the maximum of 4 beds allowed:

<u>Nursing home bed-ratio</u> <u>adopted</u> (per 1,000 pop.)	<u>Number of</u> <u>States 2/</u>
Total .....	52
1.0 .....	10
1.5 - 1.9 .....	2
2.0 .....	8
2.5 .....	1
3.0 .....	25
3.5 .....	1
4.0 .....	5

On these bases, the States and Territories have reported a national need for a total of 404,486 nursing home beds or about 2.5 beds per 1,000 population. Existing acceptable skilled nursing home beds are therefore meeting only about one-fourth of the need.

1/ According to the 1954 Public Health Service National Inventory of Nursing Homes, 7 percent of the skilled nursing home beds in the United States and Territories were

## State Programming

As of July 1956, the States and Territories were programming an additional nursing home beds. These additional beds will provide 1.7 beds per 1,000 population which is more than double the national ratio of existing acceptable beds to population. A total of about 16,000 more beds could be programmed on the basis of the State standards adopted since a number of States have not assigned all of their allowable beds to nursing home communities.

The States recognize that there is not only a relationship between the need for nursing homes and chronic disease hospitals, as reflected by the combined standard of need, but also a definite relationship between the planning of nursing homes and general hospitals. Accordingly, most of the States are planning the distribution of nursing home beds on the basis of the general hospital service areas or regions which have already been delineated. Many feel that such planning not only permits the location of nursing home facilities in relatively close proximity to general hospitals but it encourages affiliation of nursing homes with general hospitals. It promotes the construction of nursing homes in areas where the patient can retain close social ties with his family and community.

Although the need for nursing home care is not limited to any specific age group, the average age of patients in proprietary nursing homes is 80 years and about 75% of the patients are aged 65 and over (30). Therefore, many States have given special consideration to the proportion of the population which is aged 65 and over in determining the number of nursing home beds needed in a specific community or area.

## Hill-Burton Construction

By July 1, 1956, a total of 42 nursing home projects with a total of 2,200 beds had been approved for construction under the Hill-Burton Hospital and Medical Care program. The estimated total cost was \$22.4 million with the Federal share totaling \$6 million. These nursing homes are being built in 30 States (36).

Ground

The term "public health center" is not new. It was first applied in 1912 to the physical structures used for housing the official health departments of the Nation (1). However, since the early health centers were established, many changes have taken place not only in the pattern of the program and the services of local health departments but also in the design of the facilities needed to house these new activities.

Public health in the United States has progressed through three distinct eras of development (23). During the period 1775-1900, known as the "era of sanitation", the scope of public health departments was limited to the control or improvement of man's physical environment and the enforcement of quarantine. Such work was carried on by engineers or sanitarians, acting under the police powers which were reserved to the States under the Federal constitution. Attention was focused on the reduction of communicable diseases, transmitted largely, if not exclusively, through polluted drinking water.

When the first public health centers came into existence, public health was in its second phase of its development -- the "public information era", 1900-1928 -- and was primarily educational in nature. Frequently, the local health departments occupied space in a town or county office building which was very often also shared by other voluntary community agencies operating in similar or allied fields. The accommodations usually consisted of library and exhibit space as well as rooms for conferences and administrative activities.

The third public health era had its inception in World War I but did not definitely emerge until about 1928. In this period the concept of public health has been expanded to include far greater responsibility for the treatment and care of the individual. It was believed that only by the systematic use of periodic health examinations could all the potential benefits of modern preventive and curative medicine be made effective to the individual. Most of the existing public health centers were inadequate for carrying on such expanded and essential services.

This changing concept of public health was recognized by the Congress in 1946 when it enacted Title VI of the Public Health Service Act (Hill-Burton program). This act not only provided Federal aid for the construction of hospitals throughout the country but specified a program for the construction of public health centers.

Since that time the public health center, which has been brought into the forefront as an instrument of public health, has assumed high importance in relation to adequate health and medical care community. It has become the hub around which all public health services revolve. It provides immunization services and operates clinics for venereal and communicable diseases, tuberculosis and venereal disease. It maintains nurseries, and its sanitary engineering staff gives protection with regard to sanitation. It also provides communicable disease controls, assists in civil defense, and offers various health education programs to the people of the community.

Because the health department has acquired additional responsibilities, many of which were formerly associated with a hospital, the design and equipment of public health centers has been corrected. The Hospital and Medical Facilities Survey and Construction Program provides information about the construction of facilities which are structurally more adequate for the activities and services.

### Existing Facilities

In July 1956, nearly 10 years after the initiation of the program, there were 811 primary public health centers and 1,049 auxiliary centers in the United States and Territories.

A public health center is defined in the Public Health Service Act as "a Government-owned facility for the provision of public health services". This includes "laboratories, clinics, and administrative offices operating as part of public health centers".

Almost one-half of all the acceptable primary health centers are located in the Southeastern region. In contrast to the national average of one center per million population, this region has almost 12 centers per million population. In fact, Mississippi has the highest of all State ratios -- 20 centers per million population (Appendix Table 21).

The distribution pattern of the auxiliary centers, however, is different. Existing centers are concentrated in the Middle East whereas the Southeast has the fewest such facilities. Wide variations also exist in the availability of centers in relation to the total population -- Alaska and Puerto Rico having the fewest centers per million people (Appendix Table 22).

### Standards of Need

States estimate their total need for public health centers by using the following formula set forth in the Public Health Services Act: The number of centers shall not exceed one per 30,000 State population, except in States having a population density greater than one per square mile the number shall not exceed one per 20,000 population. Laboratories, such as laboratories and clinics, are not counted with the maximum number of centers allowable for Federal aid for construction.

According to these standards, 5,476 primary health centers are needed, or seven times as many as are now serving the country's population.

## Net Change Since 1948

Since the first State Plans were approved, there has been a net increase of 33 primary public health centers and 326 auxiliary health centers (Appendix Table 23). 546 of these new or remodeled centers have received Federal assistance for their construction. Of a total estimated cost of \$74 million, the Federal share has amounted approximately \$25 million. More than four-fifths of these projects and about two-thirds of the Federal money have gone into the Southeastern region. Only one State in that region -- Arkansas -- has not built any primary health centers under the program.

It will also be noted from Appendix Table 23 that an additional 82 health center projects have been built in combination with general hospitals. Such integration of hospitals and public health facilities is furthering the concept of a "coordinated hospital system".

Highlights of the national picture since 1948 are given in the following table:

Item	Public health centers reported by State Plans		
	December 1948	July 1956	Percentage change
Primary centers			
Allowed by State ratios .....	4,716	5,476	/ 16
Total programmed .....	<u>2,318</u>	<u>2,319</u>	<u>0</u>
Existing acceptable .....	481	811	/ 69
Additional programmed .....	1,837	1,508	- 18
Auxiliary centers			
Total programmed .....	<u>2,109</u>	<u>2,067</u>	- 2
Existing acceptable .....	723	1,049	/ 45
Additional programmed .....	1,386	1,018	- 27

With respect to the individual States, 12 States and the Virgin Islands have made no change in the total number of acceptable primary centers which are available. In 20 States and the Virgin Islands there has been no change during this period in the total number of auxiliary centers.

## State Programming

Although the States may plan for an additional 4,665 primary public health centers on the basis of the maximum allowances prescribed by the Act, they are currently programming about one-third of this number. Besides these 1,508 additional public health centers, the States are also programming 1,018 additional auxiliary centers.

The Public Health Service regulations specify that "the general distribution of public health centers throughout the State shall conform to the organization of local health units within the State". Therefore, the delineated areas served or proposed to be served by local health units of such size varies from State to State. Whereas some States have designated a county as a public health area or a district, other States have combined counties. With respect to the number of proposed centers, some States plan on the basis of the maximum ratios while others planned just one center for each county though additional ones would have been allowable under the Act.

The following table shows the present rate of programming for public health centers among the States in relation to the rurality of the States.

Percent rural, 1950	Number of States	Percent of total population	Total population million
United States .....	49	100.0	149.7
Less than 20 .....	6	24.7	12.5
20 - 29 .....	5	23.6	13.1
30 - 39 .....	8	14.6	9.2
40 - 49 .....	12	14.5	11.1
50 - 59 .....	9	11.9	18.4
60 - 69 .....	7	8.9	21.3
70 and over .....	2	1.8	23.2

It appears from these data that the more rural States will have a higher ratio of public health centers for the provision of care to their population than the densely populated States.

## DIAGNOSTIC OR TREATMENT CENTERS

### Background

During the last decade modern public health trends have been focusing more and more upon the promotion of health services for ambulatory patients. In general hospitals the outpatient department has become an integral part of the medical services offered, going far beyond the former concept of basic inpatient care. Today the needs of many patients, who formerly would have required hospitalization, are provided for through ambulatory diagnostic and therapeutic services offered by hospitals and public health departments, and through group practice clinics. The growing recognition by hospitals and health authorities alike of the need for making outpatient care available "to keep all people well," is reflected in the projects now underway in the States. Many of these projects have been made possible through Federal aid authorized by the Medical Facilities Survey and Construction Act of 1954.

The construction of diagnostic centers or diagnostic and treatment centers, when operated as outpatient departments or clinics in connection with public or nonprofit hospitals, was covered in 1946 by the enactment of Title VI of the Public Health Service Act. The 1954 amendments, however, expanded the scope of the original Hill-Burton program by authorizing the building of separate units. These amendments specifically earmarked \$20 million annually for the construction of public and other nonprofit diagnostic or treatment facilities, with no State receiving less than \$100,000. It was believed that such facilities might help to decrease the need for hospital inpatient care.

### Existing Facilities and Their Uses

According to the first national count of existing diagnostic or treatment centers provided by the State Hospital and Medical Facilities Plans, as of July 1956, there were 1,937 diagnostic or treatment centers in the United States and Territories. About 50 percent, or 2,922 of these centers, were classified by the State agencies as being acceptable (Appendix Table 24).

As defined in the Public Health Service regulations, a diagnostic or treatment center is:

". . . a facility providing community service for the diagnosis or diagnosis and treatment of ambulatory patients, which is operated in connection with a hospital, or in which patient care is under the professional supervision of persons licensed to practice medicine or surgery in the State, or, in the case of dental diagnosis or treatment, under the professional supervision of persons licensed to practice dentistry in the State. This includes outpatient departments and clinics of public or nonprofit hospitals. The applicant must be either (1) a State, political subdivision, or public agency, or (2) a corporation or an association which owns and operates a nonprofit hospital."



The reported total of 5,937 existing diagnostic or treatment centers does include the offices of private physicians and dentists, industrial clinics for only, first aid clinics, and other similar facilities not furnishing a community. Although, as Appendix Table 26 shows, the country has 37 diagnostic or treatment centers for each one million persons, the ratios in individual States vary considerably. Arkansas, for example, the ratio reported is one center per million of the State population, while in Minnesota it is 152 centers per million, and in Hawaii, 171 per

Services Provided.-- Similarly a wide variation exists in the types of services provided by these centers in the different States. It is readily apparent from Table 25, that the most common service category is "general services" -- a facility which is not limited to the diagnosis or treatment of particular diseases or conditions. Therefore, 60 percent of the existing centers are not limited to providing the specialized types of services such as orthopedic, cancer, mental hygiene, tubercular or "other" conditions including eye, ear, nose, throat, and heart.

While these data give a general picture of the types of diseases or conditions which are diagnosed or treated in these facilities, it should be pointed out that the States have interpreted the "general services" category in two different ways. States not only indicated that an individual facility offered general services in addition which of the specialized services were also available. Thus a center frequently reported in more than one service category. On the other hand, a few such as New York, interpreted "general" to embrace a broad range of diseases and not limited to serving one or a few disease groups. Such centers were thus counted once.

Patient Visits.-- Although only about one-half of all the existing centers reported any data on the number of patient visits annually, the average was 271 per 1,000 persons in the States reporting. In the acceptable centers reporting an average rate was 172 per 1,000 population; in nonacceptable centers, it was 30; in unclassified centers, it was 70 visits per 1,000 population in the respective States.

As Appendix Table 27 indicates, there was wide variation among the States in the proportion of facilities for which such utilization data were reported and the number of visits per 1,000 population.

### Facilities Needed

As prescribed by the Public Health Service regulations, a State may not have more than one diagnostic or treatment center per 10,000 population to provide the basic minimum services, that is, clinical laboratory and diagnostic X-ray, to all persons in the State.

On the basis of this ratio, the States have estimated a need for a total of 100,000 diagnostic or treatment centers. This is about five and one-half times the current number of existing acceptable centers (Appendix Table 24).

## Programming

As of July 1956, the States programmed an additional 1,372 centers. This is 10 percent of the net additional need. The construction proposed will bring the number of centers up to 4,294, which is 27 percent of the maximum number allowable under Federal aid.

In many communities where hospitals presently do not exist, independent diagnostic and treatment centers, now operating or planned by the States, make health services available that otherwise would be available only in urban centers. In realistically programmed construction, States are to take into consideration the offices of private physicians and dentists since they are in essence existing diagnostic facilities.

Obviously, the States are taking steps to fulfill their needs for centers which provide the various specialized services. The order of frequency of types of services to be provided in the proposed centers is practically reversed from the existing (Appendix Table 28). The States having fewer centers providing the various specialized services are planning to build more such facilities. The number of centers provided to offer dental services now ranks first on the list, followed by mental hygiene, orthopedic, cancer, and tuberculosis.

It appears that it will be many years before the maximum number of diagnostic or treatment centers will be achieved. However, future experience and studies may indicate that the current goal of one diagnostic or treatment center per 10,000 of the State's population is too high and that this standard of need must be modified.

## Construction

At the beginning of July 1956, 77 projects for diagnostic or treatment centers had been approved for construction. The total costs amounted to nearly \$32 million with the Federal contribution totaling about \$8.5 million. These projects are distributed among 48 States and Hawaii (36).

## REHABILITATION

### FACILITIES

#### Background

Prior to the passage of the Medical Facilities Survey and Construction Act of 1954, most of the emphasis and progress in the field of rehabilitation was in the area of vocational rehabilitation. Services to disabled war veterans and other individuals needing to be rehabilitated were planned mainly to restore them to a point where they could enter or resume positions in productive employment. Since the enactment of the Federal Vocational Rehabilitation Act in 1920, all Federal legislation providing financial aid to the States for rehabilitation had emphasized gainful employment of the disabled. Such funds were to be used for training, guidance and placement services and prosthetic appliances which would enable disabled persons to overcome their physical handicaps and earn a living (18).

Although Title VI of the Public Health Service Act (Hill-Burton program) enacted in 1946 did not specifically authorize funds for the construction of rehabilitation facilities, such units could be constructed as integral parts of general hospitals. Relatively few, however, were built. In 1954, President Eisenhower in his Health Message to the Congress stressed the need to enlarge our total number of rehabilitation facilities and our total number of trained personnel in order to increase our rehabilitation services. To meet the goal of the President's rehabilitation program, it was estimated that a capacity five times the capacity of the then known facilities (23 comprehensive and 38 partial rehabilitation facilities) would be necessary (22).

Subsequently, the Hill-Burton program was broadened to stimulate the construction of facilities which would provide rehabilitation services to the disabled. While the amount authorized for rehabilitation facilities is \$10 million annually, the Congress has appropriated \$4 million annually for the fiscal years 1955-1957. The minimum State allotment for such facilities is \$50,000. To assure the building of rehabilitation facilities by the various States, this Federal grant cannot be transferred to any other type of health facility eligible under the Act. The only permissible transfer of such funds would be from one State to another, in a joint program properly qualified. The Vocational Rehabilitation Act was also amended in 1954 to authorize appropriations for grants to States to improve and expand services for the rehabilitation of the disabled.

#### Concept of Rehabilitation

Principles.--The planning for this new legislation helped to broaden our concept of rehabilitation and of rehabilitation facilities. Today, rehabilitation has become firmly established as an integral part of modern medical care. The original concept of vocational rehabilitation has grown until it is now centered on the whole person, rather than on his disability alone. The emphasis is no longer on his limitations, but rather on his potential abilities. The handicapped person is an individual, with physical,

medical, psychological, social, and vocational evaluation and comprehensive and partial rehabilitation facilities eligible for program are:

1. Rehabilitation facilities (multiple disabilities) in
2. Separate rehabilitation facilities (multiple disabilities) inpatients and outpatients.
3. Separate rehabilitation facilities (multiple disabilities) outpatients only.
4. Single disability rehabilitation facilities.

Table J indicates which of the services should be made available of comprehensive rehabilitation facilities.

For the purposes of the Hill-Burton program, the regulations use the following definitions of rehabilitation facility, integrated program, and disabled person:

Rehabilitation facility. "A facility providing community services is operated for the primary purpose of assisting in the care of disabled persons through an integrated program of medical, psychological, social, and vocational evaluation and services under professional supervision. The major portion of such services must be furnished within the facility; and the facility must be operated in connection with a hospital, or as a facility of a hospital, in which all medical and related health services are prescribed and controlled under the general direction of, persons licensed to practice medicine or surgery in the State."

Integrated program. "An integrated program brings together specialized personnel from the medical, psychological, social, and vocational areas for the purpose of pooling information, resources, and opinions for the development of a rehabilitation program of services in which the disabled individual is viewed as a member of the team. When members of the team contribute to the diagnosis and treatment of illness, their contributions must be coordinated and shared in responsibility. These integrated services may be provided in a facility to care for many types of disabilities or a specialized facility for a type of disability."

Disabled person. "A disabled person is an individual who has a physical or mental condition which, to a material degree, contributes to limiting or if not corrected, will probably result in limiting, the individual's performance or activities to such an extent of constituting a substantial physical, mental, or vocational handicap."

Table J. Types of services which must be furnished within comprehensive rehabilitation facilities

(Hill-Burton program)

Type of service	Multiple disability facilities		Facilities for the blind		Facilities for deaf and hard of hearing	
	In-patient	Out-patient	In-patient	Out-patient	In-patient	Out-patient
<u>Medical services:</u>						
Physical and medical evaluation .....	*	*	*	*	*	*
Medical supervision ...	*	*	*	*	*	*
Physical therapy .....	*	*				
Occupational therapy ..	*	*				
Speech therapy .....	<u>1/</u>	<u>1/</u>			*	*
Audiological services incl. lip reading ...					*	*
Prosthetic appliances and braces .....					*	*
Psychiatric .....	*	*	*	*	*	*
Dental .....	*					
Nursing .....			*	*		
Physical education ....						
Medical consultation ..						
Recreational therapy ..						
<u>Psychological services:</u>						
Evaluation .....	*	*	*	*	*	*
<u>Social services:</u>						
Evaluation .....	*	*	*	*	*	*
Social casework .....	*	*	*	*	*	*
Social groupwork .....						
Recreation .....						
<u>Vocational services:</u>						
Evaluation .....	*	*	*	*	*	*
Vocational counseling .	*	*	*	*	*	*
Pre-vocational <u>2/</u> ....	*	*	*	*		
Special education <u>3/</u> ..			*	*	*	*
Vocational training ...						
Sheltered employment ..						
Placement .....						
Travel training .....			*	*		

1/ Minimum requirement if cerebral palsy is served. If ten cerebral palsied need this service are served at any one time, this service should be in the facility.

2/ Not a minimum essential if facility is serving children under 12 years of age.

3/ If a children's facility or if the facility has a children's department this service is not required.

The State inventories of rehabilitation facilities showed a total of 1,099 facilities in existence as of July 1, 1956. Nearly 7 out of 10 of these facilities are considered "acceptable" by the States on the basis of fire and health hazard (Appendix Table 30).

Only 56 of these facilities, however, were classified as offering a comprehensive rehabilitation program, as defined in the Public Health Service criteria. Most of these -- approximately 80 percent -- are concentrated in the Middle and Central regions. More than 30 States and Territories have not a single comprehensive rehabilitation facility, although only two States have no rehabilitation facilities of any type.

Disability Groups Served.-- Most of the comprehensive rehabilitation facilities provide services for several disabilities rather than just a single disability. The most common disabilities for which care is most usually provided are orthopedic, mental, and cardiac (Appendix Tables 34-35).

This same pattern is true for all the 1,099 rehabilitation facilities. The disability groups which are served are the deaf, tubercular, and blind.

Individuals Served.-- In the 754 facilities reporting data on the number of individuals treated, nearly 15 out of every 1,000 people in the country were served. Only a few of the States have a rate higher than this national average. In all but one of the facilities were reporting such service data, the rate of service was 14.5 per 1,000 population (Appendix Table 33).

### Standards of Need

States and Territories determine their need for rehabilitation facilities on the basis of the following standard prescribed in the Public Health Service criteria:

"In a State with more than 300,000 population the number of integrated service units existing and proposed for each disability, whether in multiple type facilities or in a single disability type facility shall not be less than one for the first 300,000 population and one for the major fraction of each additional 300,000 population in excess thereof, and in a State with less than 300,000 population no more than one such integrated service unit may be provided for each type of disability, whether in multiple type disability facilities or in a single disability type facility. Within such limitations, a State may provide more facilities to provide for a greater volume or greater variety of services."

According to these ratios, the maximum national need for comprehensive rehabilitation centers for each type of disability totals 538. If all of these centers were constructed, nearly 70 percent of them would be located in the Middle and Central regions.

### State Programming

Rehabilitation facilities are necessarily planned by the States on the basis of the size of the population group served by each facility. Of the 224 additional facilities were programmed as multiple disability centers, 100 were programmed to provide service for a single disability. Except for

The ultimate goal of the rehabilitation program is that each major region of State will have a multiple-type rehabilitation center which will provide adequate services to all persons in need of such medical care, and that these services will be on an understanding of the physical, mental, emotional, and social factors which illness and disability.

Special consideration is given to projects located in medical centers, and to those providing a multiple disability service as distinguished from those providing a single disability service.

#### Current Construction

By July 1, 1956, a total of 43 rehabilitation projects had been approved for Federal assistance, at an estimated total cost of \$35 million with the Federal share amounting to \$5.8 million. The projects will be located in 35 States and Hawaii (36).

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State and Economic Region	Population				Metropolitan Jan. 1956 (percent)	Aged 65 and over 1954 (percent)	"For 1954" (per 1,000)
	Total Jan. 1956 (thou.)	Civilian July 1954 (thou.)	Density 1950 (per sq. mi.)	Urban Jan. 1956 (percent)			
	1/	2/	3/	1/	4/	5/	
States, continental .....	165,811.5	159,002	50.7	66.8	65.4	8.6	\$1
Alaska.....	2,894.3	2,701	147.5	77.4	82.6	10.2	2
Alabama.....	2,294.5	2,178	409.7	78.5	89.7	9.2	2
Alaska.....	907.5	916	29.4	54.3	40.3	10.8	1
Massachusetts.....	4,932.0	4,906	596.2	85.0	97.6	10.5	2
Amherst.....	546.6	528	59.1	58.5	29.2	11.0	1
Amherst.....	832.0	790	748.5	85.0	85.0	9.7	1
Amherst.....	381.7	383	40.7	38.2	17.9	10.7	1
Amherst.....	38,399.5	37,061	261.0	78.4	83.6	8.7	2
Amherst.....	378.0	380	160.8	63.5	68.8	7.9	2
Amherst.....	876.8	820	13,150.5	100.0	100.0	7.6	2
Amherst.....	2,742.7	2,522	237.1	69.7	80.5	7.2	1
Amherst.....	5,484.0	5,250	642.8	87.1	89.5	8.6	2
Amherst.....	15,969.6	15,368	309.3	86.0	88.9	9.1	2
Amherst.....	10,982.8	10,755	233.1	71.3	81.2	8.9	1
Amherst.....	1,965.6	1,946	83.3	36.7	37.0	7.6	1
Amherst.....	34,348.9	32,971	62.3	47.4	42.0	7.4	1
Amherst.....	3,126.5	3,100	59.9	48.2	43.8	7.2	1
Amherst.....	1,857.3	1,770	36.3	37.9	18.9	9.2	1
Amherst.....	3,756.4	3,436	51.1	71.1	69.9	9.2	1
Amherst.....	3,691.0	3,561	58.9	49.1	40.2	6.9	1
Amherst.....	3,013.3	2,928	73.9	41.1	34.9	8.6	1
Amherst.....	2,990.8	2,901	59.4	58.6	52.6	6.8	1
Amherst.....	2,178.9	2,180	46.1	32.0	12.9	7.6	1
Amherst.....	4,337.4	4,162	82.7	35.6	30.8	6.1	1
Amherst.....	2,297.9	2,171	69.9	38.2	34.7	5.9	1
Amherst.....	3,403.0	3,344	78.8	46.9	46.5	7.6	1
Amherst.....	3,696.4	3,418	83.2	50.9	53.1	7.0	1
Amherst.....	13,087.1	12,138	20.0	66.2	55.3	7.4	1
Amherst.....	1,069.0	974	6.6	58.3	67.6	5.8	1
Amherst.....	819.9	752	5.6	59.3	25.4	5.2	1
Amherst.....	2,268.3	2,232	32.4	57.0	36.4	9.8	1
Amherst.....	8,929.9	8,240	29.3	70.1	61.4	7.2	1
Amherst.....	43,478.4	42,277	88.8	68.1	65.6	9.3	1
Amherst.....	9,428.8	9,106	155.8	78.7	79.1	9.3	1
Amherst.....	4,345.0	4,203	108.7	62.2	57.9	9.3	1
Amherst.....	2,662.2	2,636	46.8	50.6	31.7	11.0	1
Amherst.....	7,256.5	7,010	111.7	72.3	75.0	7.6	2
Amherst.....	3,166.6	3,098	37.3	56.5	46.3	9.7	1
Amherst.....	4,176.6	4,115	57.1	64.4	57.4	10.7	1
Amherst.....	8,774.2	8,535	193.8	71.1	72.4	9.0	2
Amherst.....	3,668.5	3,574	62.8	59.4	55.2	9.5	1
Amherst.....	8,774.9	8,299	9.8	33.1	38.1	9.2	1
Amherst.....	1,566.2	1,424	12.8	66.1	59.8	8.9	1
Amherst.....	620.7	606	7.1	45.0	22.2	8.2	1
Amherst.....	2,124.1	1,972	23.2	56.7	38.3	10.6	1
Amherst.....	639.9	628	4.1	46.3	32.4	9.6	1
Amherst.....	1,382.4	1,326	17.3	49.8	33.7	10.6	1
Amherst.....	626.0	635	8.8	31.7	10.4	8.5	1
Amherst.....	671.7	653	8.5	37.6	20.1	9.5	1
Amherst.....	786.9	753	8.4	65.5	64.5	6.5	1
Amherst.....	317.0	302	3.0	53.0	18.3	7.6	1
Amherst.....	17,858.4	16,515	34.1	77.0	82.2	8.8	2
Amherst.....	13,321.7	12,213	67.5	82.6	87.2	8.6	2
Amherst.....	233.0	209	1.5	61.9	69.3	6.5	2
Amherst.....	1,699.5	1,634	15.8	54.4	56.2	9.4	1
Amherst.....	2,614.2	2,459	35.6	64.2	74.9	9.8	1

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reported in the State Plans approved under the Hospital and Medical Facilities Survey and Construction (Burton) Program for 1956 fiscal year, except as noted. The Colorado Plan is for fiscal 1955 and Kansas, fiscal 1957.

U. S. Bureau of the Census. Statistical Abstract of the United States, 1952. Washington, D. C.

Table 2. GENERAL HOSPITAL BEDS: Existing, additional and total beds programed and total need, by State and socioeconomic region, July 1, 1962

State and socioeconomic region	Existing general hospital beds			Additional beds programed 2/		Total beds programed 2/	
	Total	Acceptable Number	Per 1,000 pop. Non-acceptable 1/	Number	Per 1,000 pop.	Number	Per 1,000 pop.
United States and Territories.....	616,067	545,980	3.4	70,087	177,652	723,632	4.4
United States.....	605,837	538,539	3.4	67,298	171,928	710,467	4.4
New England.....	38,073	32,077	3.3	5,996	13,366	42,443	4.4
Connecticut.....	7,405	7,178	3.3	227	2,664	9,842	4.4
Maine.....	3,477	2,030	2.2	1,447	1,677	3,707	4.4
Massachusetts.....	20,292	16,885	3.4	3,407	7,368	24,253	4.4
New Hampshire.....	2,580	2,222	4.2	358	137	2,359	4.4
Rhode Island.....	2,661	2,649	2.4	12	909	3,558	4.4
Vermont.....	1,658	1,113	2.9	545	611	1,724	4.4
Middle East.....	153,502	132,462	3.6	21,040	35,252	167,714	4.4
Delaware.....	1,534	1,486	3.9	48	224	1,710	4.4
Dist. of Columbia..	4,345	4,268	5.2	77	0	4,268	5.2
Maryland.....	7,938	7,894	3.1	44	3,481	11,375	4.4
New Jersey.....	16,757	15,105	2.9	1,652	8,451	23,556	4.4
New York.....	70,626	60,252	3.9	10,374	9,145	69,397	4.4
Pennsylvania.....	44,491	36,694	3.4	7,797	11,704	48,398	4.4
West Virginia.....	7,811	6,763	3.5	1,048	2,247	9,010	4.4
Southeast.....	109,906	100,799	3.1	9,107	46,165	146,964	4.4
Alabama.....	8,856	8,571	2.8	285	5,415	13,986	4.4
Arkansas.....	6,082	4,814	2.7	1,268	2,583	7,397	4.4
Florida.....	11,392	10,487	3.1	905	4,979	15,466	4.4
Georgia.....	13,387	11,572	3.2	1,815	4,376	15,948	4.4
Kentucky.....	9,162	8,532	2.9	630	2,452	10,984	3.4
Louisiana.....	11,223	10,799	3.7	424	2,349	13,148	4.4
Mississippi.....	7,088	5,775	2.6	1,313	3,712	9,487	4.4
North Carolina.....	13,928	13,690	3.3	238	6,409	20,099	4.4
South Carolina.....	6,808	6,667	3.1	141	3,257	9,924	4.4
Tennessee.....	10,890	9,183	2.7	1,707	5,865	15,048	4.4
Virginia.....	11,090	10,709	3.1	381	4,768	15,477	4.4
Southwest.....	44,377	40,906	3.4	3,471	13,142	54,048	4.4
Arizona.....	3,568	3,155	3.2	413	1,722	4,877	5.4
New Mexico.....	2,786	2,691	3.6	95	794	3,485	4.4
Oklahoma.....	8,136	7,787	3.5	349	1,891	9,678	4.4
Texas.....	29,887	27,273	3.3	2,614	8,735	36,008	4.4
Central.....	162,953	145,625	3.4	17,328	38,000	183,625	4.4
Illinois.....	36,309	32,239	3.5	4,070	6,240	38,479	4.4
Indiana.....	12,428	9,642	2.3	2,786	8,936	18,578	4.4
Iowa.....	11,072	9,562	3.6	1,510	1,795	11,357	4.4
Michigan.....	25,695	21,152	3.0	4,543	9,121	30,273	4.4
Minnesota.....	14,158	12,603	4.1	1,555	2,677	15,280	4.4
Missouri.....	17,752	16,654	4.0	1,098	2,192	18,846	4.4
Ohio.....	30,270	29,047	3.4	1,223	5,347	34,394	4.4
Wisconsin.....	15,269	14,736	4.1	533	1,692	16,428	4.4
Northwest.....	38,498	33,677	4.1	4,821	5,643	39,320	4.4
Colorado.....	6,584	5,967	4.2	617	439	6,406	4.4
Idaho.....	2,373	2,047	3.4	326	571	2,618	4.4
Kansas.....	9,146	7,949	4.0	1,197	1,127	9,076	4.4
Montana.....	3,737	3,514	5.6	223	231	3,745	6.4
Nebraska.....	6,695	5,998	4.5	697	371	6,369	4.4
North Dakota.....	2,959	2,718	4.3	241	306	3,024	4.4
South Dakota.....	3,148	2,557	3.9	591	674	3,231	4.4
Utah.....	2,319	1,713	2.3	606	1,566	3,279	5.4
Wyoming.....	1,537	1,214	4.0	323	358	1,572	5.4
Far West.....	58,528	52,983	3.2	5,545	20,360	73,343	4.4
California.....	42,738	39,133	3.2	3,605	14,975	54,108	4.4
Nevada.....	926	822	3.9	104	347	1,169	5.4
Oregon.....	6,441	5,919	3.6	522	1,369	7,288	4.4
Washington.....	8,423	7,109	2.9	1,314	3,669	10,778	4.4
Territories 5/.....	10,230	7,441	2.6	2,789	2,724	13,165	4.4
Alaska.....	906	554	3.5	352	351	905	5.4
Hawaii.....	2,135	1,258	2.6	877	767	2,025	4.4
Puerto Rico.....	7,070	5,510	2.5	1,560	4,606	10,116	4.4
Virgin Islands.....	312	232	2.7	80	80	312	4.4

and non- incor- porated	Net change in general beds, 1948 to 1950					Hill-Burton Program		
	Number of beds			Bed population ratios		Total general beds added	Estimated cost (thou.) /	
	Total	Accept- able	Non- acceptable	Total	Accept- able		Total	Feder- al share
States and Territories...	140,701	148,015	-7,314	40.4	40.6	101,323	\$1,877,458	\$619,9
States.....	140,517	147,330	-6,813	40.4	40.6	99,544	1,848,709	603,8
Ala.....	3,477	1,278	2,199	4.1	4.1	5,823	150,532	31,5
Ala. cont.....	631	588	43	4.0	4.0	1,148	38,579	5,2
Ala. cont.....	442	374	68	4.3	4.3	672	10,598	5,1
Ala. cont.....	951	-1,021	1,972	-1.1	-1.5	2,654	66,832	13,5
Ala. cont.....	376	294	82	4.6	4.4	447	10,369	3,1
Ala. cont.....	680	798	-118	4.7	4.9	479	17,195	2,7
Ala. cont.....	397	245	152	4.8	4.5	423	6,959	1,8
Ala. cont.....	26,160	30,121	-3,961	4.2	4.5	16,352	373,293	100,6
Ala. cont.....	361	325	36	4.0	4.1	101	2,142	7,7
Ala. cont.....	233	2,157	-1,924	4.3	2.6	152	8,610	1,7
Ala. cont.....	1,202	1,379	-177	-4.3	-4.2	1,055	36,201	6,4
Ala. cont.....	82	-1,545	1,627	-1.8	-1.0	2,363	41,242	10,8
Ala. cont.....	13,684	16,287	-2,603	4.5	4.7	6,242	133,859	31,2
Ala. cont.....	9,116	9,426	-310	4.6	4.7	5,106	118,966	38,9
Ala. cont.....	1,482	2,092	-610	4.3	4.8	1,333	32,373	10,5
Ala. cont.....	26,172	27,125	-1,023	4.7	4.8	21,231	485,689	208,5
Ala. cont.....	2,283	3,685	-1,402	4.5	1.0	2,671	42,563	22,6
Ala. cont.....	1,637	1,524	113	1.0	4.9	2,340	36,110	17,4
Ala. cont.....	4,630	3,917	713	4.3	4.2	2,628	37,422	13,0
Ala. cont.....	6,050	4,689	1,361	1.4	1.1	4,158	62,905	24,6
Ala. cont.....	2,942	2,787	155	4.6	4.6	1,975	34,449	17,7
Ala. cont.....	2,728	3,689	-961	4.5	4.8	1,882	30,713	11,7
Ala. cont.....	2,253	2,430	-177	4.9	1.0	2,965	35,978	19,6
Ala. cont.....	4,130	5,687	-1,557	4.6	1.1	5,156	78,752	28,1
Ala. cont.....	2,023	2,423	-400	4.6	4.8	1,887	31,592	15,6
Ala. cont.....	4,000	2,468	1,532	4.9	4.4	2,414	37,067	15,9
Ala. cont.....	3,496	3,896	-400	4.5	4.7	3,155	58,138	21,8
Ala. cont.....	14,123	13,003	1,120	4.6	4.7	10,232	158,988	56,6
Ala. cont.....	737	598	139	-4.7	-4.7	750	13,297	4,0
Ala. cont.....	1,430	1,481	-51	1.2	1.3	1,006	14,308	4,5
Ala. cont.....	747	809	-62	4.0	4.1	1,860	26,206	10,3
Ala. cont.....	11,209	10,115	1,094	4.9	4.9	6,616	105,177	37,8
Ala. cont.....	28,449	43,134	-14,685	4.5	4.6	21,851	415,501	134,8
Ala. cont.....	8,357	9,284	-927	4.3	4.5	3,139	61,977	20,4
Ala. cont.....	2,714	2,439	275	4.1	4.2	2,376	51,109	17,2
Ala. cont.....	1,953	2,873	-920	4.6	1.0	2,541	36,192	11,6
Ala. cont.....	7,576	7,141	435	4.7	4.7	3,444	62,312	22,7
Ala. cont.....	2,755	3,438	-683	4.6	4.8	1,731	40,493	12,6
Ala. cont.....	3,433	3,312	121	4.5	4.6	1,989	35,523	14,0
Ala. cont.....	8,635	9,937	-1,302	4.6	4.9	4,836	91,436	23,7
Ala. cont.....	3,026	4,710	-1,684	4.4	4.9	1,795	36,459	12,2
Ala. cont.....	9,595	9,555	40	4.5	4.7	6,564	115,183	34,0
Ala. cont.....	1,724	1,874	-150	4.0	4.3	1,000	19,225	5,4
Ala. cont.....	754	892	-138	4.5	1.0	802	10,567	2,4
Ala. cont.....	3,405	2,840	565	1.4	1.2	1,670	29,244	8,4
Ala. cont.....	844	1,198	-354	4.1	4.9	513	6,732	1,9
Ala. cont.....	1,238	1,912	-674	4.7	1.3	931	21,289	5,9
Ala. cont.....	583	432	151	4.1	-1.1	316	5,638	2,1
Ala. cont.....	530	384	146	4.0	-1.1	569	9,773	2,9
Ala. cont.....	68	-291	359	-4.7	-1.1	361	7,482	3,1
Ala. cont.....	449	314	135	1.1	4.7	402	5,233	1,6
Ala. cont.....	12,541	13,044	-503	4.0	4.2	7,421	149,423	37,4
Ala. cont.....	9,928	11,275	-1,347	4.1	4.3	4,991	83,754	22,1
Ala. cont.....	92	25	67	-1.5	-1.8	181	2,534	1,0
Ala. cont.....	1,988	2,033	-45	4.8	4.9	1,522	19,756	5,9
Ala. cont.....	533	-289	822	-4.6	-4.9	1,397	43,379	8,3
Ala. cont.....	184	685	-501	-4.2	4.1	1,779	28,749	16,0
Ala. cont.....	457	427	30	4.6	2.1	122	3,884	1,2
Ala. cont.....	-412	474	-886	-4.5	1.1	416	4,752	2,0
Ala. cont.....	317	-335	652	-4.2	-4.4	1,241	20,113	12,7
Ala. cont.....	-128	110	238					



State and hospital service region	Civilian population July 1954 <sup>1/</sup> (thou.)	Per capita "effective" buying income 1955 <sup>2/</sup>	Existing general hospital beds				Additi bed progra
			Total	Acceptable Number	Per 1,000 pop.	Non- accept- able <sup>3/</sup>	
United States and Territories.	161,919	--	616,067	545,980	3.4	70,087	177,
United States.....	159,001	\$1,602	605,837	538,539	3.4	67,298	171,
<u>Alabama</u> .....	<u>3,100</u>	<u>1,023</u>	<u>8,856</u>	<u>8,571</u>	<u>2.8</u>	<u>285</u>	<u>5,</u>
Birmingham.....	791	1,295	2,827	2,827	3.6	0	1,
Decatur.....	378	875	927	906	2.4	21	
Dothan.....	207	784	607	527	2.5	80	
Gadsden.....	421	942	960	960	2.3	0	
Mobile.....	415	1,060	1,146	1,115	2.7	31	
Montgomery.....	630	963	1,914	1,770	2.8	144	1,
Tuscaloosa.....	258	804	475	466	1.8	9	
<u>Arizona</u> .....	<u>974</u>	<u>1,326</u>	<u>3,568</u>	<u>3,155</u>	<u>3.2</u>	<u>413</u>	<u>1,</u>
Phoenix.....	712	1,295	2,537	2,395	3.4	142	1,
Tucson.....	262	1,409	1,031	760	2.9	271	
<u>Arkansas</u> .....	<u>1,770</u>	<u>937</u>	<u>6,082</u>	<u>4,814</u>	<u>2.7</u>	<u>1,268</u>	<u>2,</u>
El Dorado.....	122	1,002	360	324	2.7	36	
Fayetteville.....	157	905	462	312	2.0	150	
Fort Smith.....	146	1,005	616	497	3.4	119	
Jonesboro.....	228	799	635	558	2.4	77	
Hot Springs.....	89	1,057	430	376	4.2	54	
Little Rock.....	414	1,095	2,060	1,601	3.9	459	
Monticello.....	103	769	273	273	2.7	0	
Pine Bluff.....	121	921	252	143	1.2	109	
Texarkana.....	126	850	463	384	3.0	79	
West Memphis.....	264	785	531	346	1.3	185	
<u>California</u> .....	<u>12,213</u>	<u>1,917</u>	<u>42,738</u>	<u>39,133</u>	<u>3.2</u>	<u>2,605</u>	<u>14,</u>
Bakersfield.....	233	1,712	1,099	633	2.7	466	
Chico.....	139	1,646	581	482	3.5	99	
Eureka.....	110	1,853	481	443	4.0	38	
Fresno.....	620	1,500	1,887	1,302	2.1	585	1,
Los Angeles.....	5,324	1,984	17,480	16,422	3.1	1,058	7,
Redding.....	95	1,692	380	333	3.5	47	
Sacramento.....	554	1,828	1,888	1,667	3.0	221	
Salinas.....	240	1,816	763	758	3.2	5	
San Bernardino.....	470	1,491	1,445	1,380	2.9	65	
San Diego.....	700	1,848	2,165	2,072	3.0	93	
San Francisco.....	2,788	2,127	10,891	10,349	3.7	542	2,
Santa Barbara.....	306	1,768	1,329	1,208	3.9	121	
Santa Rosa.....	211	1,491	835	691	3.3	144	
Stockton.....	423	1,606	1,514	1,393	3.3	121	
<u>Colorado</u> .....	<u>1,424</u>	<u>1,490</u>	<u>6,584</u>	<u>5,967</u>	<u>4.2</u>	<u>617</u>	
<u>Connecticut</u> .....	<u>2,178</u>	<u>2,057</u>	<u>7,405</u>	<u>7,178</u>	<u>3.3</u>	<u>227</u>	<u>2,</u>
Hartford.....	1,010	1,964	3,462	3,312	3.3	150	1,
New Haven.....	1,168	2,140	3,943	3,866	3.3	77	1,
<u>Delaware</u> .....	<u>380</u>	<u>1,799</u>	<u>1,534</u>	<u>1,486</u>	<u>3.9</u>	<u>48</u>	
<u>District of Columbia</u> <sup>4/</sup> .....	<u>820</u>	<u>2,231</u>	<u>4,345</u>	<u>4,268</u>	<u>5.2</u>	<u>77</u>	

<sup>1/</sup> As reported in the State Hospital and Medical Facilities Plans for 1956 fiscal year.

<sup>2/</sup> State data from Survey of Buying Power, Salas Management 70: May 10, 1956. (Copyright 1956; full reproduction not licensed). Regional averages have been derived from county data reported.

<sup>3/</sup> As classified by the State Agencies on the basis of fire and health hazards.

<sup>4/</sup> Does not include area located in Maryland. (See data for Maryland).

Note: A dash (—) indicates that data are not available.

State and hospital service region	Civilian population July 1954 (thou.)	Per capita "effective" buying income 1955	Existing general hospital beds					Total program Number
			Total	Acceptable Number	Per 1,000 pop.	Non- accept- able	Additional beds programmed	
<b>Florida</b> .....	<u>2,436</u>	<u>\$1,404</u>	<u>11,392</u>	<u>10,487</u>	<u>2.1</u>	<u>905</u>	<u>4,979</u>	<u>15,466</u>
P. Myers.....	64	1,228	277	258	4.0	19	8	266
Gainesville.....	170	1,048	319	190	1.1	129	143	633
Jacksonville.....	534	1,302	1,730	1,675	3.1	55	616	2,291
Lakeland.....	183	1,230	568	459	2.5	109	396	855
Miami.....	755	1,799	3,078	2,992	4.0	86	914	3,906
Orlando.....	382	1,325	1,366	1,254	3.3	112	535	1,789
Panama City.....	158	939	293	260	1.6	33	229	489
Panacola.....	215	1,159	620	402	1.9	218	356	758
Tallahassee.....	159	948	413	413	2.6	0	110	523
Tampa.....	620	1,394	2,110	2,034	3.3	76	1,111	3,145
West Palm Beach.....	196	1,409	618	550	2.8	68	261	811
<b>Georgia</b> .....	<u>2,561</u>	<u>1,185</u>	<u>13,387</u>	<u>11,572</u>	<u>3.2</u>	<u>1,815</u>	<u>4,376</u>	<u>15,948</u>
Atlanta.....	2,713	1,237	10,187	8,900	3.3	1,287	3,544	12,456
Augusta.....	848	1,023	3,200	2,672	3.2	528	832	3,492
<b>Idaho</b> .....	<u>606</u>	<u>1,317</u>	<u>2,373</u>	<u>2,047</u>	<u>3.4</u>	<u>326</u>	<u>571</u>	<u>2,618</u>
Boise.....	185	1,309	761	700	3.8	61	86	786
Blaho Falls.....	85	1,203	315	315	3.7	0	61	376
Lewiston.....	139	1,421	549	304	2.2	245	259	563
Pocatello.....	106	1,319	426	426	4.0	0	42	468
Twin Falls.....	91	1,273	322	302	3.3	20	123	425
<b>Illinois</b> .....	<u>9,106</u>	<u>1,940</u>	<u>36,309</u>	<u>32,239</u>	<u>3.5</u>	<u>4,070</u>	<u>6,240</u>	<u>38,479</u>
Carbondale.....	390	1,191	1,391	959	2.5	432	429	1,388
Chicago.....	5,324	2,198	21,677	20,749	3.9	928	2,496	23,245
Decatur.....	617	1,604	2,507	1,833	3.0	674	524	2,357
East St. Louis.....	682	1,478	2,361	1,949	2.9	412	734	2,683
Joliet.....	356	1,580	1,168	650	1.8	518	763	1,413
Peoria.....	574	1,742	2,296	1,988	3.5	308	561	2,549
Rockford.....	456	1,689	1,777	1,471	3.2	306	282	1,753
Rock Island-Moline.....	337	1,619	1,179	1,061	3.1	118	262	1,322
Springfield.....	372	1,547	1,953	1,579	4.2	374	189	1,768
<b>Indiana</b> .....	<u>4,203</u>	<u>1,712</u>	<u>12,428</u>	<u>9,642</u>	<u>2.3</u>	<u>2,786</u>	<u>8,926</u>	<u>18,570</u>
Columbus.....	105	1,301	236	199	1.9	37	207	406
Evansville.....	439	1,454	1,620	1,047	2.4	573	681	1,728
Fort Wayne* (see Ohio).....	439	1,674	1,479	1,244	2.8	235	521	1,765
Gary.....	473	1,966	1,281	1,106	2.3	175	789	1,893
Indianapolis.....	1,106	1,869	3,523	3,184	2.9	339	3,132	6,316
Lafayette.....	320	1,614	888	544	1.7	344	713	1,257
Muncie.....	394	1,606	948	844	2.1	104	787	1,631
New Albany.....	186	1,295	393	199	1.1	194	513	712
South Bend.....	456	1,933	1,242	685	1.5	557	1,169	1,854
Terre Haute.....	203	1,508	720	515	2.5	205	343	858
<b>Cincinnati, Ohio*</b> .....	57	1,255	98	75	1.3	23	81	156
<b>Out-of-State 5/</b> .....	25	xx	xx	xx	xx	xx	xx	xx
<b>Iowa</b> .....	<u>2,636</u>	<u>1,591</u>	<u>11,072</u>	<u>9,562</u>	<u>3.6</u>	<u>1,510</u>	<u>1,795</u>	<u>11,357</u>
Burlington.....	113	1,563	800	656	5.8	144	90	744
Cedar Rapids.....	198	1,679	727	593	3.0	134	198	793
Council Bluffs.....	255	1,435	905	638	2.5	267	311	949
Laverport.....	201	1,711	820	693	3.4	127	138	833
Des Moines.....	586	1,661	2,211	1,976	3.4	235	397	2,373
Dubuque* (see Wisc.).....	131	1,475	738	567	4.3	171	94	663
Fort Dodge.....	169	1,591	703	685	4.1	18	109	794
Iowa City.....	72	1,688	495	495	6.9	0	0	495
Mason City.....	167	1,614	702	654	3.9	48	0	654
Ottumwa.....	151	1,323	593	560	3.7	33	76	634
Sioux City* (see Nebr.).....	199	1,642	1,122	982	4.9	140	73	1,053
Spencer.....	137	1,640	389	277	2.0	112	174	451
Waterloo.....	257	1,540	867	786	3.1	81	135	922

State and hospital service region	Civilian population July 1954 (thou.)	Per capita "effective" buying income 1955	Existing general hospital beds				Additional beds programed
			Total	Acceptable Number	Per 1,000 pop.	Non- accept- able	
<u>Kansas</u> .....	<u>1,972</u>	<u>\$1,527</u>	<u>9,146</u>	<u>7,949</u>	<u>4.0</u>	<u>1,197</u>	<u>1,127</u>
Dodge City.....	97	1,874	521	370	3.8	151	65
Hays.....	135	1,402	618	618	4.6	0	0
Kansas City.....	490	1,591	2,230	1,804	3.7	426	348
Pittsburg.....	178	1,249	645	552	3.1	93	176
Salina.....	149	1,342	729	664	4.5	65	41
Topeka.....	274	1,503	1,126	914	3.3	212	180
Wichita.....	649	1,576	3,277	3,027	4.7	250	317
<u>Kentucky</u> .....	<u>2,928</u>	<u>1,146</u>	<u>9,162</u>	<u>8,532</u>	<u>2.9</u>	<u>630</u>	<u>2,452</u>
Ashland-Pikeville.....	285	863	1,115	980	3.4	135	91
Bowling Green-Glasgow...	223	841	436	426	1.9	10	298
Covington.....	292	1,346	693	693	2.4	0	267
Hazard-Harlan.....	225	771	1,142	886	3.9	256	66
Hopkinsville.....	173	1,010	324	297	1.7	27	217
Lexington-Danville.....	469	1,138	1,704	1,634	3.5	70	356
Louisville.....	740	1,514	2,566	2,545	3.4	21	525
Owensboro.....	141	1,119	384	368	2.6	16	112
Paducah.....	198	1,114	584	529	2.7	55	123
Somerset.....	182	679	214	174	1.0	40	397
<u>Louisiana</u> .....	<u>2,901</u>	<u>1,200</u>	<u>11,223</u>	<u>10,799</u>	<u>3.7</u>	<u>424</u>	<u>2,349</u>
Alexandria.....	281	919	1,130	1,080	3.8	50	173
Baton Rouge.....	319	1,308	633	617	1.9	16	511
Bogalusa.....	135	925	368	348	2.6	20	105
Lafayette.....	378	932	1,015	893	2.4	122	687
Lake Charles.....	170	1,314	474	432	2.5	42	179
Monroe.....	334	1,002	923	856	2.6	67	409
New Orleans.....	907	1,421	4,674	4,674	5.2	0	261
Shreveport.....	377	1,255	2,006	1,899	5.0	107	24
<u>Maine</u> .....	<u>916</u>	<u>1,377</u>	<u>2,477</u>	<u>2,030</u>	<u>2.2</u>	<u>1,447</u>	<u>1,677</u>
Bangor.....	307	1,253	1,186	538	1.8	648	708
Leviston.....	287	1,414	963	586	2.0	377	536
Portland.....	322	1,463	1,328	906	2.8	422	433
<u>Maryland</u> .....	<u>2,522</u>	<u>1,540</u>	<u>7,938</u>	<u>7,894</u>	<u>3.1</u>	<u>44</u>	<u>2,481</u>
Baltimore City .....	1,775	1,516	6,114	6,070	3.4	44	2,180
Cumberland* (see W. Va.)	112	1,090	485	485	4.3	0	71
Easton.....	95	1,047	258	258	2.7	0	150
Salisbury.....	86	1,108	279	279	3.2	0	105
Washington, D.C. <sup>6/</sup> .....	454	1,861	802	802	1.8	0	975
<u>Massachusetts</u> .....	<u>4,906</u>	<u>2,174</u>	<u>20,292</u>	<u>16,885</u>	<u>3.4</u>	<u>2,407</u>	<u>7,368</u>
Barnstable.....	54	1,427	149	149	2.8	0	101
Beverly-Salem.....	405	1,673	1,438	1,145	2.8	293	473
Boston.....	3,249	2,593	13,738	11,641	3.6	2,097	5,203
Pittsfield.....	140	1,611	672	455	3.3	217	99
Springfield.....	510	1,690	1,756	1,268	2.5	488	1,172
Worcester.....	548	1,596	2,539	2,227	4.1	312	320

<sup>6/</sup> Composed of Charles, Montgomery, and Prince Georges Counties, Maryland.

\* Inter-State region. Data shown are only for that portion of the region which is located within the boundaries of this State.

Table 4. GENERAL HOSPITAL BEDS: Existing, additional and total beds programmed in each general hospital service region, July 1, 1956 -- Continued

State and hospital service region	Civilian population July 1954 (thou.)	Per capita "effective" buying income 1955	Existing general hospital beds				Additional beds programmed	Total programmed
			Total	Accountable Number	Per 1,000 pop.	Non-acceptable		
<u>Michigan</u> .....	<u>7,010</u>	<u>\$1,815</u>	<u>25,695</u>	<u>21,152</u>	<u>3.0</u>	<u>4,543</u>	<u>9,121</u>	<u>30,273</u>
Alpena.....	44	1,094	176	176	4.0	0	10	186
Ann Arbor.....	207	1,732	1,803	1,744	8.4	59	33	1,777
Benton Harbor-St. Joseph.	122	1,494	488	424	3.5	64	97	521
Detroit.....	3,394	2,099	11,565	9,092	2.7	2,473	4,960	14,052
Flint.....	403	1,837	1,492	1,310	3.3	182	269	1,579
Grand Rapids.....	476	1,632	1,766	1,584	3.3	182	756	2,340
Hancock.....	63	2,076	283	283	4.5	0	4	287
Jackson.....	199	1,582	617	509	2.6	108	291	800
Kalamazoo-Battle Creek...	386	1,600	1,436	1,345	3.5	91	244	1,589
Lansing.....	295	1,803	772	635	2.2	137	534	1,169
Marquette.....	155	1,247	701	592	3.8	109	155	747
Muskegon.....	220	1,417	747	516	2.3	231	367	883
Petoskey.....	66	1,015	312	284	4.3	28	52	336
Port Huron.....	130	1,456	460	376	2.9	84	165	541
Saginaw-Bay City.....	498	1,441	1,742	1,244	2.5	498	798	2,042
Sault Ste. Marie.....	44	1,192	179	112	2.5	67	71	183
Traverse City.....	124	1,139	597	453	3.7	144	89	542
Green Bay, Wiso.* .....	19	1,183	124	124	6.5	0	0	124
South Bend, Ind.* .....	58	1,572	142	116	2.0	26	64	180
Superior, Wiso.* .....	27	1,208	151	118	4.4	33	40	158
Toledo, Ohio* .....	80	1,536	142	115	1.4	27	122	237
<u>Minnesota</u> .....	<u>3,098</u>	<u>1,522</u>	<u>14,158</u>	<u>12,603</u>	<u>4.1</u>	<u>1,555</u>	<u>2,677</u>	<u>15,280</u>
Brainerd.....	157	1,009	432	390	2.5	42	156	546
Crookston.....	107	1,154	521	442	4.1	79	99	541
Duluth.....	194	1,463	959	899	4.6	60	92	991
Fergus Falls.....	112	1,212	401	330	2.9	71	143	473
Hibbing-Virginia.....	101	1,524	452	397	3.9	55	171	568
Mankato.....	205	1,386	805	729	3.6	76	86	815
Minneapolis-St. Paul* (see Wiso.).....	1,549	1,757	6,500	5,771	3.7	729	1,520	7,291
Rocheater.....	224	1,376	2,309	2,109	9.4	200	174	2,283
St. Cloud.....	155	1,091	671	626	4.0	45	26	652
Villmar.....	164	1,259	610	531	3.2	79	65	596
Worthington.....	130	1,400	498	379	2.9	119	145	524
<u>Mississippi</u> .....	<u>2,180</u>	<u>837</u>	<u>7,088</u>	<u>5,775</u>	<u>2.6</u>	<u>1,313</u>	<u>3,712</u>	<u>9,487</u>
Clarksdale.....	97	758	196	167	1.7	29	229	396
Columbus.....	152	748	399	374	2.5	25	187	561
Corinth.....	88	735	223	223	2.5	0	108	331
Grenada.....	95	695	213	76	.8	137	202	278
Greenville.....	214	750	722	610	2.9	112	237	847
Greenwood.....	97	776	203	203	2.1	0	179	382
Gulfport.....	118	1,196	284	263	2.2	21	346	609
Hattiesburg.....	137	851	538	461	3.4	77	119	580
Jackson.....	421	948	1,597	1,330	3.2	267	621	1,951
Laurel.....	126	725	449	339	2.7	110	147	486
McComb.....	84	716	266	251	3.0	15	124	375
Meridian.....	172	793	562	562	3.3	0	299	861
Natchez.....	55	1,028	225	93	1.7	132	282	375
Oxford.....	127	681	182	162	1.3	20	181	343
Tupelo.....	127	753	376	306	2.4	70	277	583
Vicksburg.....	70	973	653	355	5.1	298	174	529
<u>Missouri</u> .....	<u>4,115</u>	<u>1,532</u>	<u>17,752</u>	<u>16,654</u>	<u>4.0</u>	<u>1,098</u>	<u>2,192</u>	<u>18,846</u>
Columbia.....	460	1,277	1,871	1,750	3.8	121	388	2,138
Kansas City-St. Joseph...	1,082	1,717	5,627	4,719	4.4	908	501	5,220
St. Louis.....	2,029	1,611	8,634	8,575	4.2	59	772	9,347
Springfield.....	544	1,096	1,620	1,610	3.0	10	531	2,141

State and hospital service region	Civilian population July 1954 (thou.)	Per capita "effective" buying income 1955	Existing general hospital beds			
			Total	Acceptable		Non- accept- able
				Number	Per 1,000 pop.	
<u>Montana</u> .....	628	\$1,596	1,737	2,514	5.6	223
Billings.....	136	1,638	686	646	4.8	40
Butte.....	153	1,621	863	856	5.6	7
Great Falls.....	144	1,794	870	870	6.0	0
Miles City.....	80	1,463	582	496	6.2	86
Missoula.....	115	1,368	736	646	5.6	90
<u>Nebraska</u> .....	1,326	1,500	6,695	2,928	4.2	697
Alliance.....	47	1,494	226	226	4.8	0
Beatrice.....	60	1,239	252	188	3.1	64
Columbus.....	64	1,220	303	247	3.9	56
Fremont.....	62	1,453	206	191	3.1	15
Grand Island.....	98	1,326	554	408	4.2	146
Hastings.....	88	1,276	385	361	4.1	24
Kearney.....	51	1,386	182	182	3.6	0
Lincoln.....	189	1,645	922	806	4.7	36
McCook.....	38	1,393	175	125	3.3	50
Norfolk.....	127	1,263	484	439	3.5	45
North Platte.....	47	1,622	218	188	4.0	30
Omaha.....	373	1,685	2,454	2,281	6.1	173
Scottsbluff.....	58	1,652	334	276	4.8	58
Sioux City, Iowa* .....	12	1,237	0	0	0	0
Yankton, S. Dak.* .....	12	1,172	0	0	0	0
<u>Nevada</u> .....	202	2,116	926	822	3.9	104
Las Vegas.....	89	2,081	380	380	4.3	0
Reno.....	120	2,143	546	442	3.7	104
<u>New Hampshire</u> .....	528	1,477	2,580	2,222	4.2	358
Concord-Manchester.....	405	1,499	1,895	1,687	4.2	208
Hanover.....	123	1,383	685	535	4.3	150
<u>New Jersey</u> .....	5,250	2,017	16,757	15,105	2.9	1,652
Atlantic City.....	184	1,624	376	205	1.1	171
Camden.....	703	1,725	1,650	1,371	2.0	279
Elizabeth.....	285	2,359	642	539	1.9	103
Hackensack.....	499	2,391	1,341	1,330	2.7	11
Jersey City.....	642	1,868	2,977	2,930	4.6	47
Long Branch.....	293	1,763	770	658	2.2	112
Morristown.....	275	2,048	1,100	1,054	3.8	46
Newark.....	1,026	2,229	4,081	3,773	3.7	308
Paterson.....	465	1,976	1,593	1,426	3.1	167
Perth Amboy.....	285	1,897	621	596	2.1	25
Phillipsburg.....	59	1,607	62	0	0	62
Plainfield.....	208	2,119	558	532	2.6	26
Trenton.....	326	1,915	986	691	2.1	295
<u>New Mexico</u> .....	752	1,336	2,786	2,691	3.6	95
Albuquerque.....	220	1,460	722	722	3.3	0
Clavis.....	63	1,394	204	204	3.2	0
Farmington.....	50	781	308	308	6.2	0
Hobbs.....	34	1,756	86	86	2.5	0
Las Cruces.....	70	1,241	183	183	2.6	0
Las Vegas.....	46	777	133	104	2.3	29
Raton.....	30	1,282	102	102	3.4	0
Roswell.....	98	1,558	585	519	5.3	66
Santa Fe.....	100	1,222	365	365	3.7	0
Silver City.....	41	1,198	98	98	2.4	0

\* Inter-State region. Data shown are only for that portion of the region which is located in this State.

hospital service region	July 1951 (thou.)	buying income 1955			1,000 gen.	accept- able	beds programmed	
ny York.....	15,368	\$1,848	70,626	60,252	3.9	10,374	9,145	69,397
Albany.....	1,095	1,540	4,647	3,698	3.4	949	1,501	5,191
Buffalo.....	1,453	1,582	6,408	6,098	4.2	310	907	7,000
Long Island.....	1,373	2,155	3,502	3,251	2.4	251	2,241	5,449
Northern Metropolitan.....	1,212	2,056	5,303	4,503	3.7	800	858	5,361
New York City.....	7,781	1,953	40,779	34,008	4.4	6,771	1,232	35,241
Rochester.....	986	1,585	4,137	3,668	3.7	469	899	4,566
Syracuse.....	1,468	1,478	5,850	5,026	3.4	824	1,507	6,533
orth Carolina.....	4,162	1,092	13,928	13,690	3.3	238	6,409	20,095
Asheville.....	385	991	1,251	1,251	3.2	0	500	1,751
Charlotte.....	873	1,207	3,279	3,279	3.8	0	1,024	4,303
Durham.....	280	1,198	1,910	1,910	6.8	0	632	2,544
Elizabeth City.....	245	790	483	373	1.5	110	559	93
Fayetteville.....	436	934	1,313	1,219	2.8	94	592	1,811
Greensboro.....	408	1,352	1,121	1,121	2.7	0	773	1,894
Raleigh.....	690	1,004	1,717	1,683	2.4	34	1,239	2,922
Wilmington.....	336	1,005	954	954	2.8	0	527	1,488
Winston-Salem.....	509	1,146	1,900	1,900	3.7	0	563	2,466
orth Dakota.....	635	1,290	2,959	2,718	4.2	243	306	3,022
Bismarck.....	149	1,191	714	656	4.4	58	124	788
Fargo.....	179	1,316	767	736	4.1	31	85	82
Grand Forks.....	128	1,339	641	576	4.5	65	33	609
Minot.....	179	1,310	837	750	4.2	87	64	814
Ohio.....	8,535	1,822	30,270	29,047	3.4	1,223	5,347	34,395
Akron.....	616	1,791	2,072	2,037	3.3	35	322	2,359
Canton.....	427	1,608	1,566	1,530	3.6	36	33	1,566
Cincinnati* (see Ind.).....	1,081	1,837	3,938	3,682	3.4	256	980	4,666
Cleveland.....	1,707	2,186	6,399	6,378	3.7	21	926	7,303
Columbus.....	848	1,818	2,949	2,654	3.1	295	779	3,433
Dayton.....	687	1,869	2,232	2,160	3.1	72	474	2,636
Lima.....	251	1,541	882	821	3.3	61	157	977
Lorain.....	167	1,858	517	489	2.9	28	178	666
Mansfield.....	136	1,777	534	491	3.6	43	21	511
Marion.....	119	1,490	319	357	3.0	22	109	464
Newark.....	113	1,571	386	386	3.4	0	91	477
Portsmouth.....	261	1,132	646	618	2.4	28	267	888
Sandusky.....	179	1,655	655	636	3.6	19	87	72
Springfield.....	180	1,637	717	672	3.7	45	33	707
Toledo.....	638	1,981	2,598	2,471	3.9	127	256	2,727
Youngstown.....	496	1,788	1,898	1,859	3.7	39	97	1,956
Zanesville.....	191	1,322	772	760	4.0	12	0	764
Port Wayne, Ind.* .....	79	1,512	173	161	2.0	12	65	22
Parkersburg, West Virginia* .....	98	1,233	200	200	2.0	0	128	32
Pittsburgh, Pennsylvania* ..	261	1,483	757	685	2.6	72	344	1,022
klahoma.....	2,232	1,326	8,136	7,787	2.5	349	1,891	9,677
Ada.....	59	994	215	215	3.6	0	5	22
Ardmore.....	128	1,077	386	332	2.6	54	80	411
Bartlesville.....	76	1,481	337	331	4.4	6	0	33
Clinton.....	60	1,179	241	241	4.0	0	41	28
Elk City.....	45	1,314	201	201	4.5	0	25	22
Enid.....	152	1,541	626	617	4.1	9	39	65
Lawton.....	183	1,250	555	548	3.0	7	109	65
McAlester.....	174	777	347	329	1.9	18	227	55
Miami.....	63	976	163	163	2.6	0	84	24
Muskogee.....	148	896	363	363	2.5	0	146	50
Oklahoma City.....	522	1,538	2,224	2,138	4.1	86	630	2,768
Ponca City.....	124	1,349	524	464	3.7	60	0	46
Shawnee.....	90	1,073	250	245	2.7	5	54	29
Tulsa.....	408	1,547	1,704	1,600	3.9	104	451	2,051

\* Inter-State region. Data shown are only for that portion of the region which is located within the boundaries of this State.

Oregon.....	1,924	1,244	2,124	2,199	4.3	54	17	2
Bend.....	46	1,556	253	199	2.8	17	2	2
Eugene.....	383	1,512	1,155	1,059	2.8	96	560	1,6
Klamath Falls.....	48	1,664	162	162	3.4	0	48	2
Pendleton.....	126	1,432	571	563	4.5	8	18	2
Portland.....	820	1,632	3,669	3,390	4.1	279	546	3,9
Salem.....	211	1,345	631	546	2.6	85	180	7
Pennsylvania.....	10,755	1,666	44,491	26,694	3.4	7,797	11,704	48,3
Danville-Harrisburg....	1,502	1,440	4,934	4,479	3.0	455	1,068	5,5
Reading.....	1,153	1,699	4,456	3,531	3.1	925	1,067	4,5
Nanticoke.....	882	1,362	3,584	2,769	3.1	815	1,119	3,8
Erie.....	778	1,504	3,058	2,274	2.9	784	974	3,2
Philadelphia.....	3,238	1,909	16,407	13,662	4.2	2,745	2,467	16,1
Pittsburgh* (see Ohio and W. Va.).....	3,202	1,617	12,052	9,979	3.1	2,073	5,009	14,9
Rhode Island.....	790	1,696	2,661	2,649	3.4	12	909	2,5
South Carolina.....	2,171	1,024	6,808	6,667	3.1	141	3,257	9,9
Aiken.....	90	920	148	148	1.6	0	355	5
Anderson.....	134	1,057	362	362	2.7	0	183	5
Charleston.....	320	1,043	912	888	2.8	24	592	1,4
Columbia.....	293	1,180	1,000	966	3.3	34	531	1,4
Florence.....	378	766	1,054	984	2.6	70	320	1,3
Greenville.....	258	1,307	1,012	999	3.9	13	327	1,3
Greenwood.....	76	1,171	262	262	3.4	0	59	3
Orangeburg.....	136	713	286	286	2.1	0	201	4
Rock Hill.....	147	1,121	443	443	3.0	0	168	6
Spartanburg.....	224	1,137	688	688	3.1	0	394	1,0
Sumter.....	115	724	291	291	2.5	0	127	4
Statewide 7/.....	xx	xx	350	350	xx	xx	xx	3
South Dakota.....	653 8/	1,285	3,148	2,557	3.9	591	674	2,2
Aberdeen.....	109	1,214	558	437	4.0	121	99	9
Huron.....	42	1,272	206	172	4.1	34	33	2
Mitchell.....	53	1,235	343	320	6.0	23	69	2
Pierre.....	43	1,366	211	184	4.3	27	48	2
Rapid City.....	96	1,305	611	444	4.6	167	112	9
Sioux Falls.....	149	1,397	640	506	3.4	134	153	6
Watertown.....	66	1,188	282	197	3.0	85	79	2
Yankton* (see Nebr.)....	78	1,182	297	297	3.8	0	81	1
Tennessee.....	3,344	1,153	10,890	9,183	2.7	1,707	5,865	15,6
Chattanooga.....	383	1,130	1,385	1,078	2.8	307	578	1,9
Knoxville.....	957	1,078	3,178	2,666	2.8	512	1,269	3,9
Memphis.....	1,001	1,255	3,225	2,754	2.8	471	2,072	4,4
Nashville.....	1,003	1,131	3,102	2,685	2.7	417	1,946	4,4
Texas.....	8,240	1,449	29,887	27,273	3.2	2,614	8,735	36,0
Abilene.....	311	1,432	1,213	1,150	3.7	63	203	1,1
Amarillo.....	287	1,832	1,071	1,055	3.7	16	306	1,1
Central Texas (Austin)..	302	1,314	961	878	2.9	83	437	1,1
Corpus Christi.....	826	1,134	2,240	2,067	2.5	173	1,253	3,1
Dallas.....	1,171	1,606	3,789	3,297	2.8	492	1,568	4,4
El Paso.....	239	1,462	941	913	3.8	28	120	1,1
Fort Worth.....	512	1,570	1,843	1,468	2.9	375	984	2,1
Galveston.....	121	1,618	1,832	1,832	15.1	0	0	1,1
Houston.....	1,600	1,596	6,671	6,461	4.0	210	295	6,1
Lubbock.....	315	1,687	1,279	1,127	3.6	152	262	1,1
San Angelo.....	306	1,718	1,194	1,144	3.7	50	192	1,1
San Antonio.....	881	1,205	2,263	1,891	2.1	372	1,794	3,1
Temple.....	230	1,206	900	813	3.5	87	179	1,1
Tyler.....	653	1,080	1,982	1,602	2.5	380	712	2,1
Waco.....	263	1,211	799	773	2.9	26	271	1,1
Wichita Falls.....	223	1,546	909	802	3.6	107	159	1,1

7/ The Medical College Hospital which serves the entire State.

8/ Includes Indian population of 17,000 which has been excluded from the regional data.

\* Inter-State region. Data shown are only for that portion of the region which is located within the boundaries of this State.

State and hospital service region	Civilian population July 1954 (thous.)	Per capita "effective" buying income 1955	Existing general hospital beds					Total beds programmed	
			Total	Acceptable Number	Per 1,000 pop.	Non- accept- able	Additional beds programmed	Number	Per 1,000 pop.
.....	753	\$1,401	2,319	1,713	2.3	606	1,566	3,279	4.4
.....	383	1,281	1,658	1,111	2.9	245	611	1,724	4.5
.....	2,418	1,365	11,090	10,709	3.1	381	4,768	15,477	4.5
.....	308	796	1,051	946	3.1	105	290	1,236	4.0
.....	433	2,383	626	580	1.3	46	1,291	1,871	4.3
.....	276	1,101	1,153	1,144	4.1	9	291	1,435	5.2
.....	207	1,017	574	499	2.4	75	350	849	4.1
.....	134	1,118	497	497	3.7	0	62	559	4.2
.....	171	1,525	589	589	3.4	0	190	779	4.6
.....	589	1,488	1,794	1,790	3.0	4	832	2,622	4.5
.....	817	1,284	2,822	2,800	3.4	22	1,240	4,040	4.9
.....	392	1,171	1,608	1,513	3.9	95	148	1,661	4.2
.....	91	1,075	376	351	3.9	25	74	425	4.7
.....	2,459	1,893	8,423	7,109	2.9	1,314	2,669	10,778	4.4
.....	128	1,444	399	195	1.5	204	315	510	4.0
.....	978	1,971	3,379	2,785	2.8	594	1,792	4,577	4.7
.....	324	1,859	1,159	1,093	3.4	66	277	1,370	4.2
.....	447	1,707	1,446	1,267	2.8	179	648	1,915	4.3
.....	162	1,906	567	567	3.5	0	106	673	4.2
.....	162	1,596	609	508	3.1	101	207	715	4.4
.....	94	1,683	376	267	2.8	109	113	380	4.0
.....	164	1,402	488	427	2.6	61	211	638	3.9
.....	1,946	1,215	7,811	6,763	2.5	1,048	2,247	9,010	4.6
.....	186	1,067	666	666	3.6	0	74	740	4.0
.....	180	1,166	717	623	3.5	94	220	843	4.7
.....	464	1,260	1,815	1,540	3.3	275	442	1,982	4.3
.....	116	1,291	341	341	2.9	0	237	578	5.0
.....	85	852	290	290	3.4	0	51	341	4.0
.....	86	1,313	344	276	3.2	68	108	384	4.5
.....	304	1,186	1,442	1,172	3.9	270	328	1,500	4.9
.....	54	1,150	307	222	4.1	85	36	258	4.8
.....	91	1,237	278	278	3.1	0	138	416	4.6
.....	103	1,165	407	333	3.2	74	211	544	5.3
.....	49	949	234	134	2.7	100	132	266	5.4
.....	147	1,480	741	675	4.6	66	190	865	5.9
.....	34	960	58	58	1.7	0	40	98	2.9
.....	47	1,625	171	155	3.3	16	40	195	4.1
.....	2,574	1,582	15,269	14,736	4.1	533	1,692	16,438	4.6
.....	240	1,221	779	908	3.8	71	156	1,064	4.4
.....	311	1,338	1,242	1,197	3.8	45	164	1,361	4.4
.....	189	1,256	905	899	4.8	6	65	964	5.1
.....	596	1,581	2,988	2,900	4.9	88	534	3,434	5.8
.....	1,373	1,904	5,564	5,374	3.9	190	465	5,839	4.3
.....	324	1,464	1,356	1,331	4.1	25	80	1,411	4.4
.....	83	1,298	386	373	4.5	13	0	373	4.5
.....	321	1,213	1,402	1,330	4.1	72	175	1,505	4.7
.....	61	1,223	200	197	3.2	3	22	219	3.6
.....	76	1,166	247	227	3.0	20	31	258	3.4
.....	202	1,617	1,537	1,214	4.0	323	358	1,572	5.2
.....	67	1,745	355	307	4.6	48	58	365	5.4
.....	70	1,678	384	335	4.8	49	60	395	5.6
.....	45	1,434	181	86	1.9	95	115	201	4.5
.....	35	1,821	200	200	5.7	0	0	200	5.7
.....	39	1,441	233	108	2.8	125	100	208	5.3
.....	46	1,470	184	178	3.9	6	25	203	4.4



State and hospital service region	Civilian population July 1954 (thou.)	Per capita "effective" buying income 1955	Existing general hospital beds				
			Total	Acceptable Number	Per 1,000 pop.	Non- accept- able	Additional beds Programmed
<u>Territories</u> .....	<u>2,917</u>	<u>--</u>	<u>10,230</u>	<u>7,441</u>	<u>2.6</u>	<u>2,789</u>	<u>5,724</u>
<u>Alaska</u> .....	<u>159</u>	<u>2,335</u>	<u>906</u>	<u>554</u>	<u>3.5</u>	<u>352</u>	<u>351</u>
Juneau.....	32	1,878	355	200	6.3	155	91
Anchorage.....	85	2,771	376	311	3.7	65	140
Fairbanks.....	42	1,882	175	43	1.0	132	120
<u>Hawaii</u> .....	<u>484</u>	<u>1,482</u>	<u>2,135</u>	<u>1,258</u>	<u>2.6</u>	<u>877</u>	<u>767</u>
<u>Puerto Rico</u> .....	<u>2,248</u>	<u>417</u>	<u>7,070</u>	<u>5,510</u>	<u>2.5</u>	<u>1,560</u>	<u>4,606</u>
<u>Virgin Islands</u> .....	<u>26</u>	<u>--</u>	<u>119</u>	<u>119</u>	<u>4.6</u>	<u>0</u>	<u>0</u>

Note: A dash (--) indicates that data are not available.

State and socioeconomic region	Total number of areas	1948					1956				
		Areas having needed general beds 1/		Acceptable beds		Total number of areas	Areas having needed general		Acceptable		Total number of areas
		Number of areas	Population (thou.)	Percent of State pop.	Number 1,000 pop.		Number of areas	Population (thou.)	Percent of State pop.	Number 1,000 pop.	
United States and Territories.	2,334	196	6,236	4.5	32,769	5.3	2,306	27,280	16.8	128,190	
United States.....	2,303	195	6,223	4.5	32,693	5.3	2,268	27,223	17.1	127,776	
New England.....	135	10	256	2.8	1,337	5.2	152	28	768	7.9	2,547
Connecticut.....	23	1	11	.6	86	7.7	23	1	10	.5	44
Maine.....	22	0	0	0	0	0	22	1	8	.9	32
Massachusetts.....	71	7	222	4.9	1,092	4.9	68	12	401	8.2	1,808
New Hampshire.....	9	2	23	4.5	159	6.9	20	13	328	62.0	1,573
Rhode Island.....	5	0	0	0	0	0	6	1	21	2.7	90
Vermont.....	5	0	0	0	0	0	13	0	0	0	0
Middle East.....	188	23	2,505	7.6	12,468	5.0	230	37	2,416	9.2	16,164
Delaware.....	5	1	190	67.8	950	5.0	4	0	0	0	0
District of Columbia.....	1	0	0	0	0	0	1	1	820	100.0	4,268
Maryland.....	16	0	0	0	0	0	15	0	0	0	0
New Jersey.....	31	5	829	19.7	4,931	5.9	29	3	851	16.2	3,782
New York.....	58	12	1,310	9.5	5,745	4.4	58	5	430	2.8	2,434
Pennsylvania.....	36	0	0	0	0	0	83	18	1,011	9.4	4,489
West Virginia.....	41	5	176	10.1	842	4.8	40	10	304	15.6	1,191
Southeast.....	626	23	495	1.8	2,055	4.2	627	117	3,458	10.5	13,773
Alabama.....	60	4	121	4.4	556	4.6	62	10	287	9.3	1,065
Arkansas.....	39	0	0	0	0	0	39	5	142	8.0	442
Florida.....	37	2	34	1.5	123	3.6	50	14	312	9.1	1,185
Georgia.....	29	0	0	0	0	0	47	4	189	5.3	548
Kentucky.....	89	3	37	1.5	192	5.2	69	24	711	24.3	3,145
Louisiana.....	57	4	72	2.9	253	3.5	59	32	1,111	38.3	4,559
Mississippi.....	86	7	153	7.7	596	3.9	55	3	59	2.7	218
North Carolina.....	103	0	0	0	0	0	104	13	276	6.6	1,064
South Carolina.....	46	0	0	0	0	0	46	0	0	0	0
Tennessee.....	35	0	0	0	0	0	53	3	67	2.0	191
Virginia.....	45	3	78	2.8	335	4.3	43	9	304	8.9	1,356
Southwest.....	255	53	718	7.0	2,150	4.4	237	97	1,102	25.4	14,596
Arizona.....	14	3	48	7.4	196	4.1	16	6	124	12.7	703
New Mexico.....	33	1	6	1.2	29	4.5	33	11	195	25.9	1,016
Oklahoma.....	75	18	339	16.6	1,502	4.4	65	30	677	30.4	2,469
Texas.....	233	31	325	4.6	1,423	4.4	123	50	2,106	25.6	10,408
Central.....	560	24	981	2.7	6,298	6.4	580	157	11,567	27.4	54,600
Illinois.....	74	2	200	2.7	1,250	6.2	92	28	4,772	52.4	21,731
Indiana.....	75	3	60	1.8	276	4.6	72	9	204	4.9	724
Iowa.....	61	2	55	2.2	1,088	19.7	60	29	924	35.0	4,007
Michigan.....	71	1	113	1.9	1,181	10.5	75	9	403	5.7	2,886
Minnesota.....	85	6	114	4.1	356	3.1	71	24	671	21.7	2,937
Missouri.....	49	3	110	2.9	367	3.3	47	7	1,338	32.5	6,997
Wisconsin.....	71	5	290	9.2	1,625	5.6	89	38	1,668	46.7	8,511
Ohio.....	74	2	39	.5	155	4.0	74	13	1,587	18.6	6,847
Northwest.....	276	38	637	9.1	4,690	7.4	261	111	2,615	21.3	13,187
Colorado.....	29	4	32	3.0	272	8.5	30	14	450	29.5	1,752
Idaho.....	19	0	0	0	0	0	21	4	21	3.5	116
Kansas.....	40	3	64	3.6	479	7.5	23	10	605	30.7	2,935
Montana.....	30	7	101	20.5	718	7.4	32	20	411	65.5	2,688
Nebraska.....	40	0	0	0	0	0	39	23	605	44.5	2,645
North Dakota.....	50	15	235	45.2	2,004	8.5	44	24	399	62.9	2,303
South Dakota.....	42	5	83	15.2	603	7.3	35	5	31	4.7	141
Oklahoma, respectively.....	14	2	93	15.8	450	4.8	15	1	10	1.4	48
Wyoming.....	12	2	29	10.6	134	4.6	22	10	113	37.4	559
Far West.....	163	24	631	4.8	2,692	4.3	181	40	2,297	13.9	11,869
California.....	93	14	388	4.0	1,525	3.9	111	19	1,472	12.1	7,685
Nevada.....	11	0	0	0	0	0	12	6	28	13.3	147
Oregon.....	24	0	0	0	0	0	27	8	661	40.5	3,543
Washington.....	35	10	243	12.5	1,170	4.8	31	7	136	5.5	494
Territories.....	21	1	13	.5	76	5.9	28	7	57	2.0	414
Alaska.....	16	1	13	14.7	76	5.9	21	6	19	12.0	249
Hawaii.....	6	0	0	0	0	0	8	1	38	7.9	165
Puerto Rico.....	7	0	0	0	0	0	7	0	0	0	0
Virgin Islands.....	2	0	0	0	0	0	2	0	0	0	0

1/ Beds needed determined on the basis of the ratios prescribed by the Public Health Service Act: 4.5 beds per 1,000 population (except 5.0 and 5.5 where State population density is from 6 to 12 persons per square mile and less than 6 persons per square mile, respectively).

State and socioeconomic region	1948 Areas having no acceptable general beds				Areas hav- ing	
	Total number of areas	Number of areas	Population 2/ Percent of		Total number of areas	Number of areas
			Total (thou.)	State population		
United States and Territories .....	2,334	596	10,040	7.18	2,306	166
United States .....	2,303	580	9,948	7.25	2,268	154
<u>New England</u> .....	<u>135</u>	<u>13</u>	<u>259</u>	<u>2.85</u>	<u>152</u>	<u>11</u>
Connecticut.....	23	2	24	1.19	23	2
Maine.....	22	4	60	6.86	22	6
Massachusetts.....	71	6	119	2.60	68	0
New Hampshire.....	9	0	0	0	20	0
Rhode Island.....	5	1	56	7.63	6	0
Vermont.....	5	0	0	0	13	3
<u>Middle East</u> .....	<u>188</u>	<u>29</u>	<u>617</u>	<u>1.87</u>	<u>230</u>	<u>16</u>
Delaware.....	5	1	24	8.19	4	0
District of Columbia.....	1	0	0	0	1	0
Maryland.....	16	3	49	2.43	15	0
New Jersey.....	31	3	105	2.49	29	1
New York.....	58	4	102	.74	58	2
Pennsylvania.....	36	1	34	.34	83	7
West Virginia.....	41	17	303	17.48	40	6
<u>Southeast</u> .....	<u>526</u>	<u>202</u>	<u>4,225</u>	<u>15.08</u>	<u>627</u>	<u>44</u>
Alabama.....	60	27	701	25.71	62	2
Arkansas.....	39	9	283	15.09	39	0
Florida.....	37	7	140	6.25	50	5
Georgia.....	29	2	56	1.82	47	1
Kentucky.....	89	42	752	29.83	69	1
Louisiana.....	57	13	170	6.89	59	5
Mississippi.....	86	27	475	23.87	55	2
North Carolina.....	103	40	776	21.71	104	14
South Carolina.....	46	15	320	16.97	46	5
Tennessee.....	35	4	122	4.32	53	4
Virginia.....	45	16	430	15.29	43	5
<u>Southwest</u> .....	<u>355</u>	<u>86</u>	<u>651</u>	<u>6.37</u>	<u>237</u>	<u>14</u>
Arizona.....	14	1	11	1.66	16	2
New Mexico.....	33	9	66	12.33	33	5
Oklahoma.....	75	12	130	6.40	65	2
Texas.....	233	64	444	6.35	123	5
<u>Central</u> .....	<u>560</u>	<u>141</u>	<u>3,085</u>	<u>8.39</u>	<u>580</u>	<u>38</u>
Illinois.....	74	21	525	6.95	92	9
Indiana.....	75	20	421	12.43	72	9
Iowa.....	61	10	203	8.01	60	2
Michigan.....	71	20	472	7.80	75	5
Minnesota.....	85	28	447	15.85	71	7
Missouri.....	49	10	302	8.01	47	0
Ohio.....	74	13	393	5.23	74	3
Wisconsin.....	71	19	322	10.17	89	3
<u>Northwest</u> .....	<u>276</u>	<u>82</u>	<u>795</u>	<u>11.32</u>	<u>261</u>	<u>25</u>
Colorado.....	29	6	33	3.11	30	3
Idaho.....	19	9	102	21.59	21	5
Kansas.....	40	2	37	2.04	23	0
Montana.....	30	10	91	18.54	32	3
Nebraska.....	40	13	196	15.39	39	2
North Dakota.....	50	22	154	29.57	44	3
South Dakota.....	42	15	120	22.12	35	2
Utah.....	14	4	42	7.09	15	2
Wyoming.....	12	1	20	7.25	22	5
<u>Far West</u> .....	<u>163</u>	<u>27</u>	<u>316</u>	<u>2.40</u>	<u>181</u>	<u>6</u>
California.....	93	17	233	2.43	111	1
Nevada.....	11	1	4	2.84	12	2
Oregon.....	24	4	54	3.73	27	1
Washington.....	35	5	25	1.25	31	2
<u>Territories</u> .....	<u>31</u>	<u>16</u>	<u>92</u>	<u>3.43</u>	<u>38</u>	<u>12</u>
Alaska.....	16	12	54	61.28	21	9
Hawaii.....	6	2	9	1.73	8	3
Puerto Rico.....	7	0	0	0	7	0
Virgin Islands.....	2	2	29	100.00	2	0

1/ As determined by the State Agencies on the basis of fire and health hazards.

Table 7. GENERAL HOSPITAL BEDS: Location and status of general hospital service areas having no acceptable general hospital beds, by State and socioeconomic region, July 1, 1956

State and socioeconomic region	General hospital service area			Existing nonacceptable beds 2/		Location of proposed hospital	Total beds programmed	
	Area designation	Population, 1954 1/		Number	Per 1,000 pop.		Number	Per 1,000 pop.
		Total	Percent of State population					
United States and Territories...	166 areas	2,812,005	1.74	3,927	1.4	xx	8,408	3.0
United States.....	154 areas	2,758,886	1.74	3,619	1.3	xx	8,207	3.0
England.....	11 areas	193,372	1.97	603	3.1	xx	639	3.3
Connecticut.....	2 areas	25,320	1.62	123	2.5	xx	89	2.5
	R - 3	17,920	.82	71	4.0	Winsted	45	2.5
	R - 4	17,400	.80	52	3.0	Rockville	44	2.5
Maine.....	6 areas	110,847	12.10	321	2.9	xx	385	3.4
	R - 2	15,237	1.66	10	.7	Machias	40	2.6
						Cherryfield		
	R - 4	23,812	2.60	70	2.9	Old Town	80	3.4
						Lincoln		
	R - 6	26,563	2.90	99	3.7	Houlton	125	4.6
						Island Falls		
	R - 9	19,645	2.14	74	3.8	Dover-Foxcroft	60	3.1
						Greenville		
						Milo		
	R - 10	15,538	1.70	56	3.6	Balfant	55	3.6
	R - 13	10,052	1.10	12	1.2	Bridgton	25	2.6
Massachusetts.....	0	0	0	0	0	xx	0	0
New Hampshire.....	0	0	0	0	0	xx	0	0
Rhode Island.....	0	0	0	0	0	xx	0	0
Vermont.....	3 areas	47,205	12.33	159	3.4	xx	165	3.4
	R - 4	23,190	6.05	79	3.4	St. Johnsbury	80	3.4
	R - 6	20,025	5.23	80	4.0	Newport	75	3.4
						Barre		
	R - 7	3,990	1.04	0	0	Island Pond	10	2.6
Virginia East.....	16 areas	337,645	.91	352	1.0	xx	1,048	3.1
Delaware.....	0	0	0	0	0	xx	0	0
District of Columbia.....	0	0	0	0	0	xx	0	0
Maryland.....	0	0	0	0	0	xx	0	0
New Jersey.....	1 area	58,706	1.13	62	1.1	xx	264	4.8
	I - 4	58,706	1.12	62	1.1	Phillipsburg	264	4.8
						Hackettstown		
New York.....	2 areas	31,264	.20	59	1.9	xx	75	2.4
	R - 5	27,183	.18	59	2.2	Waterloo	75	2.4
						Seneca Falls		
	R - 23b	4,081	.03	0	0	2/	0	0
Pennsylvania.....	7 areas	137,726	1.28	169	1.2	xx	391	2.8
	R - 7	7,631	.07	0	0	Emporium	19	2.8
	R - 8	39,111	.36	26	.7	Clarion	98	2.8
	R - 18	30,979	.29	80	2.6	Punxsutawney	107	3.1
	R - 24	7,398	.07	24	3.2	Renovo	35	4.8
	R - 36	10,629	.10	21	2.0	McConnellsburg	27	2.8
	R - 40	35,084	.33	18	.5	Susquehanna	88	2.8
	R - 41	6,894	.06	0	0	Eagles Mere	17	2.8

Table 7. GENERAL HOSPITAL BEDS: Location and status of general hospital acceptable general hospital beds, by State and socioeconomic region, July 1

State and socioeconomic region	Area designation	General hospital service area		Existing nonacceptable beds	
		Population, 1954		Number	Per 1,000 pop.
		Total	Percent of State population		
<u>Middle East - continued.....</u>					
West Virginia.....	<u>6 areas</u>	<u>109,949</u>	<u>5.65</u>	<u>62</u>	<u>0.6</u>
	R - 10	23,936	1.23	0	0
	R - 16	14,595	.75	11	.8
	R - 17	20,433	1.05	21	1.0
	R - 18	14,206	.73	0	0
	R - 21	13,098	.67	30	2.3
	R - 22	23,741	1.22	0	0
<u>Southeast.....</u>	<u>44 areas</u>	<u>861,288</u>	<u>2.61</u>	<u>560</u>	<u>.7</u>
Alabama.....	<u>2 areas</u>	<u>31,800</u>	<u>1.03</u>	<u>0</u>	<u>0</u>
	R - 17	15,500	.50	0	0
	R - 38	16,300	.53	0	0
Arkansas.....	0	0	0	0	0
Florida.....	<u>5 areas</u>	<u>97,931</u>	<u>2.85</u>	<u>88</u>	<u>.9</u>
	R - 5	17,343	.50	0	0
	R - 8	11,153	.32	13	1.2
	R - 18	17,758	.52	0	0
	R - 20	29,280	.85	63	2.2
	R - 21	22,397	.65	12	.5
Georgia.....	<u>1 area</u>	<u>17,300</u>	<u>.49</u>	<u>60</u>	<u>3.5</u>
	R - 24	17,300	.49	60	3.5
Kentucky.....	<u>1 area</u>	<u>28,148</u>	<u>.96</u>	<u>0</u>	<u>0</u>
	R - 31	28,148	.96	0	0
Louisiana.....	<u>5 areas</u>	<u>126,655</u>	<u>4.27</u>	<u>99</u>	<u>1.4</u>
	R - 8	37,164	1.28	67	2.9
	R - 34	10,992	.38	0	0
	R - 38	24,943	.86	0	0
	R - 44	36,344	1.25	32	1.9
	R - 47	17,212	.59	0	0
Mississippi.....	<u>2 areas</u>	<u>52,967</u>	<u>2.48</u>	<u>117</u>	<u>2.2</u>
	R - 12	42,019	1.93	102	2.4
	R - 43	11,948	.55	15	1.3
North Carolina.....	<u>14 areas</u>	<u>192,553</u>	<u>4.79</u>	<u>85</u>	<u>.4</u>
	R - 9	21,028	.51	0	0
	R - 38	21,384	.51	0	0
	R - 49	16,144	.39	0	0
	R - 57	18,468	.44	0	0
	R - 70	11,275	.27	0	0
	R - 72	10,239	.25	0	0
	R - 74	28,370	.68	85	3.0
	R - 76	5,352	.13	0	0
	R - 78	6,354	.15	0	0
	R - 79	5,538	.13	0	0
	R - 80	9,791	.24	0	0
	R - 82	6,639	.16	0	0
	R - 84	29,132	.70	0	0
	R - 86	9,839	.24	0	0

4/ Estimated; includes beds in both charity and non-charity hospitals.

State and socioeconomic region	General hospital service area			Existing nonacceptable beds		Location of proposed hospital	Total beds programmed	
	Area designation	Population, 1954		Number	Per 1,000 pop.		Number	Per 1,000 pop.
		Total	Percent of State population					
- Continued.....								
Carolina.....	<u>5 areas</u>	<u>104,425</u>	<u>4.81</u>	<u>0</u>	<u>0</u>	<u>XX</u>	<u>294</u>	<u>2.8</u>
	R - 14	15,197	.70	0	0	St. Matthews	40	2.6
	R - 23	45,808	2.11	0	0	Lexington	140	3.1
	R - 24	16,500	.76	0	0	Saluda	43	2.6
	R - 26	17,151	.79	0	0	Edgefield	46	2.7
	R - 33	9,769	.45	0	0	McCormick	25	2.6
.....	<u>4 areas</u>	<u>95,721</u>	<u>2.86</u>	<u>86</u>	<u>.9</u>	<u>XX</u>	<u>240</u>	<u>2.5</u>
	R - 2	29,485	.88	26	.9	Covington	74	2.5
	R - 9	24,655	.74	0	0	Erin ) Waverly ) Dover )	62	2.5
	R - 26	29,721	.89	42	1.4	Pikesville ) Decatur ) Dayton )	74	2.5
	R - 35	11,860	.35	18	1.5	Mountain City	30	2.5
.....	<u>5 areas</u>	<u>105,788</u>	<u>3.10</u>	<u>25</u>	<u>.2</u>	<u>XX</u>	<u>264</u>	<u>2.5</u>
	R - 12	19,707	.58	0	0	Culpeper	49	2.5
	R - 13	22,823	.67	0	0	Warrenton	57	2.5
	R - 18	15,289	.45	25	1.6	Luray	38	2.5
	R - 40	20,423	.60	0	0	Clintwood	51	2.5
	R - 42	27,546	.81	0	0	Scott	69	2.5
.....	<u>14 areas</u>	<u>120,790</u>	<u>.99</u>	<u>109</u>	<u>.9</u>	<u>XX</u>	<u>355</u>	<u>2.9</u>
.....	<u>2 areas</u>	<u>23,550</u>	<u>2.42</u>	<u>73</u>	<u>3.1</u>	<u>XX</u>	<u>80</u>	<u>3.4</u>
	R - 11	13,300	1.37	40	3.0	Safford	40	3.0
	R - 14	10,250	1.05	33	3.2	Nogales	40	3.9
ico.....	<u>5 areas</u>	<u>30,374</u>	<u>4.04</u>	<u>0</u>	<u>0</u>	<u>XX</u>	<u>100</u>	<u>3.1</u>
	R - 1	1,917	.25	0	0	Guamado	10	5.2
	R - 9	3,291	.44	0	0	Roy	10	3.0
	R - 15	9,557	1.27	0	0	Mora	29	3.0
	R - 20	13,693	1.82	0	0	Cuba	41	3.0
	R - 29	1,916	.25	0	0	Reserve	10	5.2
.....	<u>2 areas</u>	<u>23,773</u>	<u>1.07</u>	<u>0</u>	<u>0</u>	<u>XX</u>	<u>60</u>	<u>2.5</u>
	R - 13	9,543	.43	0	0	Fairview	24	2.5
	R - 55	14,230	.64	0	0	6/	36	2.5
.....	<u>5 areas</u>	<u>43,093</u>	<u>.52</u>	<u>36</u>	<u>.8</u>	<u>XX</u>	<u>115</u>	<u>2.7</u>
	R - 29	24,397	.30	36	1.5	Center	61	2.5
	R - 82	6,382	.08	0	0	Clarendon	16	2.5
	R - 83	5,517	.07	0	0	Llano	14	2.5
	R - 84	1,953	.02	0	0	Van Horn	12	6.1
	R - 85	4,844	.06	0	0	Junction	12	2.5
.....	<u>38 areas</u>	<u>877,071</u>	<u>2.07</u>	<u>1,091</u>	<u>1.2</u>	<u>XX</u>	<u>2,683</u>	<u>3.1</u>
.....	<u>9 areas</u>	<u>244,576</u>	<u>2.78</u>	<u>284</u>	<u>.8</u>	<u>XX</u>	<u>1,107</u>	<u>3.2</u>
	I - 24	71,003	.78	199	2.8	Kankakee	284	4.0
	I - 67	72,525	.80	0	0	Cicero	290	4.0
	C - 5	17,486	.19	43	2.5	Clinton	44	2.5
	C - 14	15,962	.18	23	1.4	Chester	40	2.5
	C - 30	11,006	.12	19	1.7	Rosilario	30	2.7
	C - 36	56,242	.62	0	0	Morton Grove- Skokla	141	7/2.5
	C - 37	40,381	.44	0	0	Arlington Heights- Palatine	101	2.5
	C - 38	27,228	.30	0	0	Park Forest	95	3.5

State and socioeconomic region	Area designation	General hospital service area		Existing nonacceptable beds	
		Population, 1954		Percent of State population	Number For 1,000 pop.
		Total			
<u>Central - Continued</u>					
Indiana.....	<u>9 areas</u>	<u>217,473</u>	<u>4.17</u>	<u>2.66</u>	<u>1.2</u>
	R - 8	15,189	.36	0	0
	R - 19	32,334	.77	0	0
	R - 22	35,220	.84	.55	1.6
	R - 28	38,049	.93	.93	1.5
	R - 30	19,897	.47	.50	2.5
	R - 39	17,348	.42	.38	2.1
	R - 46	27,346	.66	.38	1.4
	R - 47	11,038	.26	.7	.6
	R - 65	19,102	.45	.10	.5
Iowa.....	<u>2 areas</u>	<u>33,218</u>	<u>1.36</u>	<u>.22</u>	<u>.2</u>
	R - 18	15,314	.58	.52	1.4
	R - 26	17,904	.68	0	0
Michigan.....	<u>5 areas</u>	<u>100,793</u>	<u>1.44</u>	<u>1.81</u>	<u>1.8</u>
	R - 9	11,390	.15	.22	1.9
	R - 13	12,741	.18	.36	2.8
	R - 22	29,597	.42	.42	1.4
	R - 33	27,662	.39	.40	1.4
	R - 45	19,403	.28	.41	2.1
Minnesota.....	<u>7 areas</u>	<u>85,727</u>	<u>2.77</u>	<u>1.97</u>	<u>2.3</u>
	R - 3	10,337	.33	.30	2.9
	R - 13	5,688	.18	.10	1.8
	R - 14	7,394	.24	.24	3.2
	R - 15	30,011	.97	.44	1.8
	R - 19	2,500	.09	0	0
	R - 46	12,695	.41	.66	5.2
	R - 60	16,757	.54	.13	.8
Missouri.....	0	0	0	.0	0
Ohio.....	<u>3 areas</u>	<u>65,234</u>	<u>2.76</u>	<u>.88</u>	<u>1.3</u>
	R - 2	18,240	.71	.33	1.8
	R - 26	23,362	.27	.55	2.4
	R - 53	23,632	.28	0	0
Wisconsin.....	<u>3 areas</u>	<u>30,100</u>	<u>.84</u>	<u>.63</u>	<u>2.1</u>
	R - 4	14,001	.39	.32	2.3
	R - 11	8,099	.23	.26	3.2
	R - 43	8,000	.22	.5	.6
Northwest.....	<u>25 areas</u>	<u>710,261</u>	<u>2.53</u>	<u>6.09</u>	<u>2.9</u>
Colorado.....	<u>3 areas</u>	<u>2,615</u>	<u>.68</u>	<u>.18</u>	<u>1.9</u>
	R - 2	2,090	.15	0	0
	R - 7	1,180	.08	0	0
	R - 14	6,345	.45	.18	2.8
Idaho.....	<u>5 areas</u>	<u>50,534</u>	<u>8.34</u>	<u>2.13</u>	<u>4.2</u>
	R - 3	23,201	3.83	1.49	6.4
	R - 5	6,724	1.11	.25	3.7
	R - 7	11,085	1.83	.25	2.3
	R - 8	4,235	.70	.14	3.3
	R - 13	5,289	.87	0	0
Kansas.....	0	0	0	0	0

Table 7. GENERAL HOSPITAL BEDS: Location and status of general hospital service areas having no acceptable general hospital beds, by State and socioeconomic region, July 1, 1956 — Continued

State and socioeconomic region	General hospital service area			Existing nonacceptable beds		Location of proposed hospital	Total beds programmed	
	Area designation	Population, 1954	Percent of State population	Number	Per 1,000 pop.		Number	Per 1,000 pop.
		Total						
1 - Continued								
a.....	<u>2 areas</u>	<u>11,298</u>	<u>2.12</u>	<u>21</u>	<u>1.6</u>	<u>XX</u>	<u>54</u>	<u>4.1</u>
	R - 15	5,382	.86	14	2.6	Drouhard } Ekalaka }	25	4.6
	R - 23	3,856	.61	0	0	Whitehall	15	3.9
	R - 25	4,048	.64	7	1.7	Shurden	14	3.5
ka.....	<u>2 areas</u>	<u>23,410</u>	<u>1.77</u>	<u>0</u>	<u>0</u>	<u>XX</u>	<u>59</u>	<u>2.5</u>
	R - 25	11,854	.89	0	0	8/	30	2.5
	R - 26	11,556	.87	0	0	2/	29	2.5
Dakota.....	<u>2 areas</u>	<u>32,690</u>	<u>5.15</u>	<u>16</u>	<u>2.0</u>	<u>XX</u>	<u>112</u>	<u>3.4</u>
	R - 16	3,499	.55	25	7.1	Boach	25	7.1
	R - 26	5,145	.81	14	2.7	Sharon	15	2.9
	R - 36	24,046	3.79	27	1.1	Mandan	72	3.0
Dakota.....	<u>2 areas</u>	<u>17,930</u>	<u>2.75</u>	<u>57</u>	<u>3.2</u>	<u>XX</u>	<u>57</u>	<u>3.2</u>
	R - 17	12,294	1.88	45	3.7	Webster	37	3.0
	R - 23	5,636	.86	12	2.1	Armour	20	3.5
.....	<u>2 areas</u>	<u>29,093</u>	<u>3.86</u>	<u>80</u>	<u>2.7</u>	<u>XX</u>	<u>88</u>	<u>3.0</u>
	R - 1	21,202	2.82	53	2.5	Brigham	64	3.0
	R - 10	7,891	1.05	27	3.4	Panquitch- Kanab	24	3.0
ng.....	<u>5 areas</u>	<u>33,703</u>	<u>11.16</u>	<u>154</u>	<u>4.6</u>	<u>XX</u>	<u>165</u>	<u>4.9</u>
	R - 2	13,176	4.36	47	3.6	Lovell } Greybull }	55	4.2
	R - 3	5,250	1.74	26	5.0	Thermopola	30	5.7
	R - 4	8,484	2.81	22	2.6	Worland	30	3.5
	R - 10	4,200	1.39	25	6.0	Kemmerer	15	3.6
	R - 15	2,593	.86	34	13.1	Jackson	35	13.5
t.....	<u>6 areas</u>	<u>158,459</u>	<u>.96</u>	<u>295</u>	<u>1.2</u>	<u>XX</u>	<u>513</u>	<u>2.2</u>
	<u>1 area</u>	<u>16,500</u>	<u>.14</u>	<u>60</u>	<u>3.6</u>	<u>XX</u>	<u>54</u>	<u>3.3</u>
	R - 23	16,500	.14	60	3.6	Placerville	54	3.3
a.....	<u>2 areas</u>	<u>16,450</u>	<u>7.87</u>	<u>74</u>	<u>4.5</u>	<u>XX</u>	<u>85</u>	<u>5.2</u>
	R - 2	13,150	6.29	54	4.1	Elko } Battle Mountain }	60	4.6
	R - 4	3,300	1.58	20	6.1	Lovelock	25	7.6
n.....	<u>1 area</u>	<u>95,900</u>	<u>5.87</u>	<u>95</u>	<u>1.0</u>	<u>XX</u>	<u>275</u>	<u>2.9</u>
	R - 5	95,900	5.87	95	1.0	Oregon City } Sandy }	275	2.9
ngton.....	<u>2 areas</u>	<u>29,609</u>	<u>1.20</u>	<u>66</u>	<u>2.2</u>	<u>XX</u>	<u>99</u>	<u>3.3</u>
	R - 8	8,240	.34	21	2.5	Ione } Newport }	36	4.4
	R - 13	21,369	.87	45	2.1	Drawater } Oak }	63	2.9



State and socioeconomic region	Area designation	General hospital service area		Existing nonacceptable		Location of proposed hospital	Total FDR Number
		Population, 1954		beds			
		Total	Percent of State population	Number	Per 1,000 Pop.		
<u>Territories.....</u>	<u>12 areas</u>	<u>53,119</u>	<u>1.82</u>	<u>308</u>	<u>5.8</u>	<u>xx</u>	<u>201</u>
Alaska.....	<u>9 areas</u>	<u>21,108</u>	<u>13.28</u>	<u>154</u>	<u>7.3</u>	<u>xx</u>	<u>101</u>
	R - 5	1,432	.90	8	5.6	Skagway	7
	R - 6	1,668	1.05	13	7.8	Wrangell	6
	R - 9	2,500	1.57	6	2.4	Seldovia	9
	R - 10	2,708	1.70	30	11.1	Seward	20
	R - 12	4,746	2.98	29	6.1	Kanakanak	17
	R - 16	829	.52	13	15.7	Fort Yukon	6
	R - 17	2,443	1.54	12	4.9	Barrow	15
	R - 18	2,425	1.53	12	4.9	Kotzebue	15
	R - 20	2,357	1.48	31	13.2	Tanana	8
Hawaii.....	<u>3 areas</u>	<u>22,011</u>	<u>6.61</u>	<u>154</u>	<u>4.8</u>	<u>xx</u>	<u>100</u>
	R - 1	24,774	5.12	99	4.0	Waipahu	62
	R - 3	4,868	1.01	35	7.2	Honolulu	23
	R - 4	2,369	.49	20	8.4	Lanai City	13
Puerto Rico.....	0	0	0	0	0	xx	0
Virgin Islands.....	0	0	0	0	0	xx	0

State and metropolitan area		Number of general hospital beds										
		Metropolitan area				Central city			Outside central city			
Number of area	Name	Existing beds	Accept- able	Add'l. beds pro- grammed	Total beds pro- grammed	Existing beds	Accept- able	Add'l. beds pro- grammed	Total beds pro- grammed	Existing beds	Accept- able	Add'l. beds pro- grammed
		Total				Total				Total		
United States .....		421,770	381,567	128,545	510,112	350,900	319,482	95,874	415,356	70,870	62,085	32,671
ALABAMA												
171	Anniston.....	159	159	231	390	159	159	211	370	0	0	20
17	Birmingham.....	2,402	2,402	934	3,336	1,901	1,901	744	2,645	501	501	190
205	Florence et al.....	226	226	156	382	226	226	136	362	0	0	20
	Florence.....	xx	xx	xx	xx	121	121	79	200	xx	xx	xx
	Sheffield.....	xx	xx	xx	xx	105	105	57	162	xx	xx	xx
	Tusculum.....	xx	xx	xx	xx	0	0	0	0	xx	xx	xx
	Muscle Shoals.....	xx	xx	xx	xx	0	0	0	0	xx	xx	xx
54	Gadsden.....	216	216	308	524	216	216	258	474	0	0	50
93	Mobile.....	799	799	610	1,409	784	784	610	1,394	15	15	0
94	Montgomery.....	576	576	724	1,300	576	576	704	1,280	0	0	20
ARIZONA												
107	Phoenix.....	1,296	1,283	1,033	2,316	1,140	1,133	963	2,096	156	150	70
152	Tucson.....	782	612	407	1,019	742	572	407	979	40	40	0
ARKANSAS												
50	Fort Smith.....	344	328	0	328	344	328	0	328	0	0	0
81	Little Rock -											
	North Little Rock....	1,594	1,282	350	1,632	1,586	1,282	350	1,632	8	0	0
	Little Rock.....	xx	xx	xx	xx	1,586	1,282	350	1,632	xx	xx	xx
	N. Little Rock.....	xx	xx	xx	xx	0	0	0	0	xx	xx	xx
253	Texarkana* .....	243	267	227	494	320	250	227	477	23	17	0
	Texarkana.....	xx	xx	xx	xx	170	150	82	232	xx	xx	xx
	Texarkana (Tex.) ...	xx	xx	xx	xx	150	100	145	245	xx	xx	xx
CALIFORNIA												
175	Bakersfield.....	1,209	743	359	1,102	1,029	563	236	799	180	180	123
53	Fresno.....	858	378	916	1,294	690	246	790	1,036	168	132	126
83	Los Angeles -											
	Long Beach.....	17,129	16,079	7,507	23,586	10,349	9,701	1,137	10,838	6,780	6,378	6,370
	Los Angeles.....	xx	xx	xx	xx	9,392	8,811	606	9,417	xx	xx	xx
	Long Beach.....	xx	xx	xx	xx	957	890	531	1,421	xx	xx	xx
223	Modesto.....	550	513	103	616	396	359	103	462	154	154	0
121	Sacramento.....	1,145	1,129	557	1,686	1,097	1,081	405	1,486	48	48	152
128	San Bernardino et al.	1,629	1,564	735	2,299	642	577	540	1,117	987	987	195
	San Bernardino.....	xx	xx	xx	xx	408	343	301	644	xx	xx	xx
	Riverside.....	xx	xx	xx	xx	209	209	214	423	xx	xx	xx
	Ontario.....	xx	xx	xx	xx	25	25	25	50	xx	xx	xx
129	San Diego.....	2,003	1,910	685	2,595	1,363	1,314	22	1,336	640	596	663
130	San Francisco -											
	Oakland.....	9,806	9,528	1,515	11,043	6,771	6,583	360	6,943	3,035	2,945	1,155
	San Francisco.....	xx	xx	xx	xx	5,137	4,993	0	4,993	xx	xx	xx
	Oakland.....	xx	xx	xx	xx	1,634	1,590	360	1,950	xx	xx	xx
131	San Jose.....	1,016	785	865	1,650	790	559	565	1,124	226	226	300
249	Santa Barbara.....	691	570	63	633	536	415	52	467	155	155	11
144	Stockton.....	846	786	314	1,100	293	273	203	476	553	513	111
COLORADO												
190	Colorado Springs.....	397	347	50	397	397	347	50	397	0	0	0
39	Denver.....	2,915	2,843	72	2,915	2,915	2,843	72	2,915	0	0	0
113	Pueblo.....	618	488	0	488	618	488	0	488	0	0	0

1/ Represents the 166 standard metropolitan county areas as defined by the U.S. Bureau of the Census and the 94 potential metropolitan areas as designated in 1956 by Sales Management.

\* Inter-State area.

Table 2. GENERAL HOSPITAL BEDS: Number of existing, additional and total beds programmed in each metropolitan area, July 1, 1956 - Continued

State and metropolitan area		Number of general hospital beds								
		Metropolitan area				Central city				Total
		Existing beds	Acceptable	Adnl. beds pro-grammed	Total beds pro-grammed	Existing beds	Acceptable	Adnl. beds pro-grammed	Total beds pro-grammed	
Number of area	Name	Total				Total				
<b>CONNECTICUT</b>										
19	Bridgport et al ...	1,735	1,678	661	2,339	1,387	1,330	553	1,883	348
	Bridgport.....	xx	xx	xx	xx	743	686	423	1,169	xx
	Stamford.....	xx	xx	xx	xx	337	337	92	429	xx
	Norwalk.....	xx	xx	xx	xx	307	307	38	345	xx
63	Hartford -									
	New Britain.....	2,325	2,325	547	2,872	1,882	1,882	381	2,263	443
	Hartford.....	xx	xx	xx	xx	1,595	1,595	253	1,848	xx
	New Britain.....	xx	xx	xx	xx	287	287	128	415	xx
226	Middleton.....	158	171	134	305	198	171	134	305	0
97	New Haven -									
	Waterbury.....	2,164	2,144	776	2,920	1,675	1,655	770	2,425	489
	New Haven.....	xx	xx	xx	xx	1,007	987	603	1,590	xx
	Waterbury.....	xx	xx	xx	xx	668	668	167	835	xx
232	New London -									
	Norwich.....	337	337	282	619	337	337	282	619	0
	New London.....	xx	xx	xx	xx	196	196	181	377	xx
	Norwich.....	xx	xx	xx	xx	143	141	101	242	xx
<b>DELAWARE</b>										
162	Wilmington* .....	1,297	1,261	58	1,319	1,036	1,036	58	1,094	261
<b>DISTRICT OF COLUMBIA</b>										
156	Washington* .....	5,649	5,572	2,350	7,922	4,345	4,268	250	4,518	1,304
<b>FLORIDA</b>										
194	Daytona Beach.....	279	279	106	385	185	185	66	251	94
204	Ft. Lauderdale.....	747	711	72	783	594	594	72	666	153
69	Jacksonville.....	1,348	1,348	517	1,865	1,348	1,348	517	1,865	0
217	Lakeland.....	438	353	396	749	141	101	200	301	297
90	Miami.....	2,257	2,223	807	3,030	1,377	1,347	577	1,924	880
104	Orlando.....	635	565	346	911	545	475	296	771	90
238	Pensacola.....	440	273	286	559	412	273	261	534	28
147	Tampa -									
	St. Petersburg.....	1,692	1,646	1,013	2,659	1,401	1,369	898	2,267	291
	Tampa.....	xx	xx	xx	xx	807	775	461	1,236	xx
	St. Petersburg.....	xx	xx	xx	xx	594	594	437	1,031	xx
256	W. Palm Beach.....	477	417	259	676	386	326	259	585	91
<b>GEORGIA</b>										
8	Atlanta.....	4,115	3,421	272	3,693	3,580	2,903	100	3,003	535
10	Augusta.....	674	674	281	955	674	674	281	955	0
32	Columbus* .....	632	539	234	773	553	481	118	599	79
86	Macon.....	631	559	0	559	631	559	0	559	0
132	Savannah.....	921	821	0	821	921	821	0	821	0
<b>IDaho</b>										
181	Boise.....	644	644	10	654	399	399	10	409	245
<b>ILLINOIS</b>										
180	Bloomington.....	453	315	13	328	332	194	13	207	121
187	Champaign -									
	Urbana.....	615	466	0	466	615	466	0	466	0
	Champaign.....	xx	xx	xx	xx	244	154	0	154	xx
	Urbana.....	xx	xx	xx	xx	371	312	0	312	xx
28	Chicago* .....	23,210	21,848	2,294	24,142	16,517	15,894	550	16,444	6,693
192	Danville.....	336	130	229	359	336	130	229	359	0
36	Davenport et al* ..	909	859	50	909	909	859	50	909	0

State and Metropolitan area	Number of general hospital beds											
	Metropolitan area				Central city				Outside central city			
	Existing beds	Add'l. beds	Total beds	Total	Existing beds	Add'l. beds	Total beds	Total	Existing beds	Add'l. beds	Total beds	Total
	Accept- able	pro- grammed	pro- grammed		Accept- able	pro- grammed	pro- grammed		Accept- able	pro- grammed	pro- grammed	
Name	Total				Total				Total			
Anderson.....	308	255	105	355	263	210	80	290	45	45		20
Elkhart.....	230	202	109	311	152	152	109	261	78	50		0
Evansville*.....	1,070	708	404	1,112	980	618	404	1,022	90	90		0
Fort Wayne.....	802	701	326	1,027	802	701	326	1,027	0	0		0
Indianapolis.....	2,491	2,321	2,483	4,804	2,326	2,321	2,483	4,804	165	0		0
Kokomo.....	125	125	93	218	125	125	93	218	0	0		0
Lafayette.....	380	206	395	601	380	206	395	601	0	0		0
Marion.....	78	78	109	187	78	78	109	187	0	0		0
Muncie.....	217	217	487	704	217	217	487	704	0	0		0
Richmond.....	243	157	67	264	243	197	67	264	0	0		0
South Bend.....	569	309	836	1,145	416	168	777	945	153	141		59
Terre Haute.....	461	329	227	556	461	329	227	556	0	0		0
Cedar Rapids.....	518	439	70	509	518	439	70	509	0	0		0
Davenport at ul*....	209	859	50	209	209	859	50	209	0	0		0
Davenport.....	xx	xx	xx	xx	361	361	0	361	xx	xx		xx
Rock Island (Ill.)..	xx	xx	xx	xx	160	160	0	160	xx	xx		xx
Moline (Ill.).....	xx	xx	xx	xx	388	338	50	388	xx	xx		xx
Des Moines.....	1,150	1,006	209	1,150	1,150	1,006	209	1,215	0	0		0
Dubuque.....	628	507	0	507	621	507	0	507	7	0		0
Sioux City.....	829	751	0	751	829	751	0	751	0	0		0
Waterloo.....	493	493	0	493	419	419	0	419	74	74		0
Hutchinson.....	259	259	0	259	259	259	0	259	0	0		0
Topeka.....	431	398	114	512	431	398	114	512	0	0		0
Wichita.....	1,213	1,203	240	1,443	1,213	1,203	240	1,443	0	0		0
Huntington -												
Ashland*.....	1,340	1,185	207	1,392	1,099	944	104	1,138	241	241		13
Huntington (W. Va.)..	xx	xx	xx	xx	899	744	189	933	xx	xx		xx
Ashland.....	xx	xx	xx	xx	200	200	5	205	xx	xx		xx
Lexington.....	801	801	0	801	801	801	0	801	0	0		0
Louisville*.....	2,490	2,354	684	3,038	2,208	2,208	300	2,508	282	146		384
Paducah.....	314	314	74	388	314	314	74	388	0	0		0
Alexandria.....	390	390	0	390	376	376	0	376	14	14		0
Baton Rouge.....	460	460	134	594	460	460	134	594	0	0		0
Lake Charles.....	349	331	15	346	256	256	0	256	93	75		15
West Monroe -												
West Monroe.....	478	478	326	804	478	478	326	804	0	0		0
Monroe.....	xx	xx	xx	xx	478	478	326	804	xx	xx		xx
West Monroe.....	xx	xx	xx	xx	0	0	0	0	xx	xx		xx
New Orleans.....	2,266	2,266	160	2,426	2,179	2,179	105	2,284	87	87		55
Shreveport.....	1,643	1,536	24	1,560	1,623	1,516	0	1,516	20	20		24
Bangor.....	528	257	231	488	391	225	191	416	137	32		40
Leviaton -												
Auburn.....	371	221	178	399	371	221	178	399	0	0		0
Leviaton.....	xx	xx	xx	xx	371	221	178	399	xx	xx		xx
Auburn.....	xx	xx	xx	xx	0	0	0	0	xx	xx		xx
Portland.....	803	587	178	765	732	587	113	700	71	0		65
Baltimore.....	5,385	5,341	1,862	7,203	5,210	5,166	1,862	7,028	175	175		0
Cumberland.....	433	433	70	503	364	364	70	434	69	69		0
Hagerstown.....	301	301	29	330	301	301	29	330	0	0		0

Number of area	Name	Metropolitan area				Central city				Total	Existing
		Existing	Accept-	Add'l.	Total	Existing	Accept-	Add'l.	Total		
		Total	able	boda	boda	Total	able	boda	boda	Total	Total
				pro-	pro-			pro-	pro-		
				granted	granted			granted	granted		

# MASSACHUSETTS

18	Boston.....	13,573	11,518	4,295	15,813	6,780	5,824	916	6,740	6,793
20	Brockton.....	428	341	448	789	303	235	366	601	125
48	Fall River -									
	New Bedford.....	1,114	857	742	1,629	847	725	401	1,126	267
	New Bedford.....	xx	xx	xx	xx	365	365	152	517	xx
	Fall River.....	xx	xx	xx	xx	482	360	249	689	xx
109	Pittsfield.....	672	455	99	554	430	227	0	227	242
141	Springfield -									
	Holyoke.....	1,565	1,149	1,176	2,325	1,179	902	825	1,777	386
	Springfield.....	xx	xx	xx	xx	831	721	667	1,388	xx
	Holyoke.....	xx	xx	xx	xx	348	181	208	389	xx
164	Worcester.....	2,484	2,172	314	2,486	1,465	1,090	159	1,449	1,019

# MICHIGAN

170	Ann Arbor.....	1,615	1,556	0	1,556	1,444	1,410	0	1,410	171
176	Battle Creek.....	539	517	81	598	420	398	60	458	119
14	Bay City.....	436	261	171	432	436	261	171	432	0
41	Detroit.....	11,565	9,092	4,960	14,052	8,266	6,246	4,276	10,522	3,299
49	Flint.....	1,245	1,115	159	1,274	1,198	1,115	159	1,274	47
56	Grand Rapids.....	1,327	1,216	606	1,822	1,327	1,216	606	1,822	0
67	Jackson.....	348	315	175	490	348	315	175	490	0
71	Kalamazoo.....	526	523	42	565	507	507	42	549	19
76	Lansing.....	559	486	401	847	530	486	401	887	29
230	Huskegon.....	507	321	258	579	501	321	258	579	6
240	Port Huron.....	368	308	131	439	372	282	96	378	46
122	Saginaw.....	608	498	266	764	608	498	266	764	0

# MINNESOTA

43	Duluth - Superior* ..	1,383	1,291	142	1,433	940	940	0	940	448
	Duluth.....	xx	xx	xx	xx	741	741	0	741	xx
	Superior (Wisc.) ..	xx	xx	xx	xx	199	199	0	199	xx
92	Minneapolis -									
	St. Paul.....	5,917	5,204	1,323	6,527	5,714	5,056	0	5,056	203
	Minneapolis.....	xx	xx	xx	xx	3,497	3,352	0	3,352	xx
	St. Paul.....	xx	xx	xx	xx	2,217	1,704	0	1,704	xx

# MISSISSIPPI

179	Biloxi - Gulfport.....	199	199	201	400	199	199	201	400	0
	Biloxi.....	xx	xx	xx	xx	60	60	125	185	xx
	Gulfport.....	xx	xx	xx	xx	139	139	76	215	xx
68	Jackson.....	960	925	0	925	960	925	0	925	0

# MISSOURI

211	Joplin.....	503	503	40	543	287	287	0	287	216
72	Kansas City* .....	5,429	4,495	362	4,857	4,592	4,036	262	4,298	837
123	St. Joseph.....	527	527	66	593	527	527	66	593	0
124	St. Louis* .....	8,875	8,779	355	9,134	6,536	6,536	16	6,552	2,339
142	Springfield.....	616	616	77	693	616	616	77	693	0

# MONTANA

178	Billings.....	338	338	19	357	338	338	19	357	0
186	Butte - Anaconda.....	494	494	0	494	494	494	0	494	0
	Butte.....	xx	xx	xx	xx	395	395	0	395	xx
	Anaconda.....	xx	xx	xx	xx	99	99	0	99	xx
207	Great Falls.....	399	399	0	399	399	399	0	399	0

# NEBRASKA

80	Lincoln.....	736	714	0	714	736	714	0	714	0
103	Omaha* .....	2,576	2,385	240	2,625	2,199	2,154	100	2,254	377

# NEVADA

218	Las Vegas.....	334	334	159	493	247	247	159	406	87
216	Reno.....	222	222	0	222	222	222	0	222	0

Table 8. GENERAL HOSPITAL BEDS: Number of existing, additional and total beds programmed in each metropolitan area, July 1, 1956 - Continued

State and metropolitan area	Number of general hospital beds										
	Metropolitan area				Central city				Outside central city		
	Existing beds	Accept-able	Add'l. beds pro-grammed	Total beds pro-grammed	Existing beds	Accept-able	Add'l. beds pro-grammed	Total beds pro-grammed	Existing beds	Accept-able	Add'l. beds pro-grammed
Name	Total				Total				Total		
<b>MASSACHUSETTS</b>											
Manchester.....	867	759	19	778	556	448	0	448	311	311	19
<b>MISSOURI</b>											
Atlantic City.....	292	121	548	669	213	94	448	542	79	27	100
<b>NEW YORK - N.E. NEW JERSEY</b>											
<u>New Jersey portion</u>											
only.....	12,785	12,089	4,487	16,576	12,785	12,089	4,487	16,576	xx	xx	xx
Bergen.....	xx	xx	xx	xx	1,341	1,330	977	2,307	xx	xx	xx
Essex.....	xx	xx	xx	xx	3,994	3,677	1,039	4,716	xx	xx	xx
Hudson.....	xx	xx	xx	xx	3,073	3,026	0	3,026	xx	xx	xx
Middlesex.....	xx	xx	xx	xx	621	596	638	1,234	xx	xx	xx
Morris.....	xx	xx	xx	xx	756	756	80	836	xx	xx	xx
Passaic.....	xx	xx	xx	xx	1,549	1,382	622	2,004	xx	xx	xx
Somerset.....	xx	xx	xx	xx	219	193	36	229	xx	xx	xx
Union.....	xx	xx	xx	xx	1,232	1,129	1,095	2,224	xx	xx	xx
Trenton.....	846	589	781	1,361	728	462	700	1,162	118	118	81
<b>MEXICO</b>											
Albuquerque.....	680	680	166	846	680	680	166	846	0	0	0
<b>NEW YORK</b>											
<u>Albany -</u>											
Schenectady - Troy ..	2,417	2,030	726	2,756	2,346	2,030	726	2,756	71	0	0
Albany.....	xx	xx	xx	xx	1,166	946	446	1,992	xx	xx	xx
Schenectady.....	xx	xx	xx	xx	581	539	151	690	xx	xx	xx
Troy.....	xx	xx	xx	xx	599	545	129	674	xx	xx	xx
Auburn.....	295	295	54	349	295	295	54	349	0	0	0
Binghamton.....	1,176	1,058	0	1,058	698	698	0	698	478	360	0
Buffalo.....	4,675	4,455	567	5,022	3,468	3,366	248	3,614	1,207	1,089	319
Elmira.....	452	452	47	499	452	452	47	499	0	0	0
Jamestown.....	475	405	158	563	258	241	97	338	217	164	61
<b>NEW YORK - N.E. NEW JERSEY</b>											
<u>New York portion</u>											
only.....	46,303	39,546	22,523	62,069	46,303	39,546	22,523	62,069	xx	xx	xx
New York City, total	xx	xx	xx	xx	39,314	31,166	20,091	52,197	xx	xx	xx
Bronx Borough.....	xx	xx	xx	xx	4,634	4,464	0	4,464	xx	xx	xx
Brooklyn Borough.....	xx	xx	xx	xx	9,953	8,542	0	8,542	xx	xx	xx
Manhattan Borough.....	xx	xx	xx	xx	18,777	15,149	20,091	35,240	xx	xx	xx
Queens Borough.....	xx	xx	xx	xx	5,304	4,441	0	4,441	xx	xx	xx
Richmond Borough.....	xx	xx	xx	xx	646	510	0	510	xx	xx	xx
<u>Other counties total</u>	xx	xx	xx	xx	6,989	6,440	2,432	8,872	xx	xx	xx
Nassau.....	xx	xx	xx	xx	2,543	2,458	1,583	4,041	xx	xx	xx
Rockland.....	xx	xx	xx	xx	323	249	101	350	xx	xx	xx
Suffolk.....	xx	xx	xx	xx	959	793	658	1,451	xx	xx	xx
Westchester.....	xx	xx	xx	xx	3,164	2,940	90	3,030	xx	xx	xx
Poughkeepsie et al....	1,176	877	427	1,334	664	456	333	789	512	421	124
Poughkeepsie.....	xx	xx	xx	xx	424	322	162	484	xx	xx	xx
Newburgh.....	xx	xx	xx	xx	194	134	96	230	xx	xx	xx
Beacon.....	xx	xx	xx	xx	46	0	75	75	xx	xx	xx
Rochester.....	2,198	2,109	455	2,564	2,148	2,059	430	2,489	50	50	25
Syracuse.....	1,294	1,058	713	1,771	1,294	1,058	713	1,771	0	0	0
<u>Utica - Rome</u>	1,049	858	195	1,053	868	755	195	920	181	103	0
Utica.....	xx	xx	xx	xx	698	608	145	753	xx	xx	xx
Rome.....	xx	xx	xx	xx	170	147	50	197	xx	xx	xx
Watertown.....	413	348	110	458	332	319	60	379	81	29	50

Number of area	Name	Metropolitan area				Nonmetropolitan area				Total	Excluding
		Total	Existing beds	Accept- able	Add'l. beds pro- grammed	Total	Existing beds	Accept- able	Add'l. beds pro- grammed		

### NORTH CAROLINA

7	Asheville .....	550	550	224	774	520	520	224	744	20	
26	Charlotte .....	1,029	1,029	450	1,479	1,029	1,029	450	1,479	6	
44	Durham .....	1,102	1,102	488	1,590	1,102	1,102	488	1,590	0	
202	Fayetteville .....	340	340	153	493	340	340	153	493	20	
206	Gastonia .....	237	237	217	454	237	237	217	454	0	
58	Greensboro - High Point .....	692	692	426	1,118	692	692	426	1,118	0	
	Greensboro .....	xx	xx	xx	xx	521	521	416	937	xx	
	High Point .....	xx	xx	xx	xx	171	171	110	281	xx	
115	Raleigh .....	413	413	516	929	413	413	516	929	21	
257	Wilmington .....	437	437	300	737	437	437	300	737	0	
163	Winston-Salem .....	982	982	224	1,206	982	982	224	1,206	0	

### NORTH DAKOTA

201	Fargo .....	352	321	0	321	352	321	0	321	0	
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### OHIO

1	Akron .....	1,659	1,624	155	1,779	1,330	1,295	155	1,450	329	
22	Canton .....	1,333	1,374	0	1,374	951	927	0	927	382	
29	Cincinnati* .....	3,688	3,480	1,068	4,548	3,117	2,909	815	3,724	571	
30	Cleveland .....	6,120	6,120	920	7,040	4,523	4,523	361	4,884	1,597	1
33	Columbus .....	2,328	2,083	634	2,717	2,328	2,083	634	2,717	0	
37	Dayton .....	1,835	1,802	373	2,175	1,733	1,700	368	2,068	102	
60	Hamilton - Middletown - Hamilton .....	655	655	62	717	583	583	62	645	72	
	Middletown .....	xx	xx	xx	xx	435	435	39	474	xx	
	Middletown .....	xx	xx	xx	xx	148	148	30	178	xx	
79	Lima .....	543	543	57	600	520	520	50	570	23	
82	Lorain - Elyria .....	227	482	178	667	444	444	113	557	72	
	Lorain .....	xx	xx	xx	xx	201	201	106	307	xx	
	Elyria .....	xx	xx	xx	xx	243	243	7	250	xx	
224	Mansfield .....	428	392	16	408	373	373	16	389	55	
231	Newark .....	172	172	91	263	172	172	91	263	0	
241	Portsmouth .....	306	306	69	375	306	306	69	375	0	
143	Springfield .....	555	555	0	555	555	555	0	555	0	
149	Toledo .....	2,208	2,184	0	2,184	2,208	2,184	0	2,184	0	
158	Wheeling - Staubenville* .....	1,409	1,271	514	1,785	840	724	293	1,017	569	
	Wheeling (W. Va.) ..	xx	xx	xx	xx	568	518	150	668	xx	
	Staubenville .....	xx	xx	xx	xx	272	206	143	349	xx	
166	Youngstown* .....	2,279	2,048	322	2,370	1,221	1,221	0	1,221	1,050	
260	Zanesville .....	459	459	0	459	459	459	0	459	0	

### OKLAHOMA

198	Enid .....	302	302	0	302	302	302	0	302	0	
219	Lawton .....	222	222	105	327	222	222	105	327	0	
102	Oklahoma City .....	1,806	1,768	565	2,333	1,764	1,726	565	2,291	42	
153	Tulsa .....	1,251	1,238	416	1,654	1,225	1,212	416	1,628	26	

### OREGON

199	Eugene .....	425	414	276	690	320	309	276	585	105	
111	Portland* .....	3,439	3,237	481	3,718	2,875	2,823	0	2,823	564	
248	Salem .....	354	354	77	431	265	265	77	342	89	

### PENNSYLVANIA

4	Allentown et al* ....	1,740	1,487	537	2,024	1,628	1,451	284	1,735	112	
	Allentown .....	xx	xx	xx	xx	853	809	127	936	xx	
	Bethlehem .....	xx	xx	xx	xx	480	387	97	484	xx	
	Easton .....	xx	xx	xx	xx	295	255	60	315	xx	
5	Altoona .....	615	548	42	590	483	483	39	522	132	
46	Erie .....	835	708	266	974	741	614	266	880	94	
62	Harrisburg .....	1,188	1,059	221	1,280	989	901	144	1,045	199	
70	Johnstown .....	1,278	953	304	1,257	846	553	287	840	432	
75	Lancaster .....	878	807	78	885	765	719	50	769	113	
220	Lebanon .....	159	112	159	271	159	112	159	271	0	
132	York .....	422	354	222	598	422	354	222	598	27	

State and Metropolitan area	Metropolitan area				Central city				Outside central city			
	Existing beds	Add'l. beds	Total beds	Total pro-grammed	Existing beds	Add'l. beds	Total beds	Total pro-grammed	Existing beds	Add'l. beds	Total beds	Total pro-grammed
	Accept-able	Accept-able	Accept-able		Accept-able	Accept-able	Accept-able		Accept-able	Accept-able	Accept-able	
Name	Total	able	pro-grammed		Total	able	pro-grammed		Total	able	pro-grammed	
ALABAMA - Continued												
Birmingham* .....	17,691	14,692	3,693	18,295	15,445	10,359	1,976	11,435	5,246	4,343	2,527	0
Birmingham* .....	9,681	7,692	4,045	11,239	4,569	4,495	1,276	5,771	4,111	5,199	2,769	5,9
Mobile .....	815	662	329	991	815	662	329	991	0	0	0	0
Montgomery .....	1,313	993	108	1,191	1,018	783	116	899	295	210	72	2
Opelika-Barre -												
Opelika .....	1,443	1,654	743	1,797	1,045	655	650	1,306	392	343	93	6
Opelika-Barre .....	xx	xx	xx	xx	665	395	550	996	xx	xx	xx	xx
Opelika-Barre .....	xx	xx	xx	xx	103	263	63	320	xx	xx	xx	xx
Opelika-Barre .....	589	564	0	564	491	491	0	491	98	77	0	0
Opelika-Barre .....	475	457	121	578	603	377	96	473	80	80	25	1
ALASKA												
Anchorage -												
Anchorage .....	2,369	2,302	793	3,102	1,873	1,673	200	2,273	436	436	493	2
Anchorage .....	xx	xx	xx	xx	1,670	1,670	250	1,920	xx	xx	xx	xx
Anchorage .....	xx	xx	xx	xx	203	203	50	253	xx	xx	xx	xx
ARIZONA												
Phoenix .....	913	889	455	1,344	913	889	455	1,344	0	0	0	0
Phoenix .....	840	806	252	1,098	840	806	252	1,098	0	0	0	0
Phoenix .....	811	811	734	1,065	747	747	157	904	84	84	77	1
Phoenix .....	451	451	366	817	421	421	366	787	30	30	0	0
ARIZONA												
Phoenix .....	268	242	8	250	237	237	0	237	31	5	8	8
Phoenix .....	414	394	51	445	387	387	34	421	27	7	17	17
ARIZONA												
Phoenix .....	531	447	257	704	121	105	52	159	362	342	205	2
Phoenix .....	xx	xx	xx	xx	129	105	6	105	xx	xx	xx	xx
Phoenix (Va.) .....	xx	xx	xx	xx	42	0	52	52	xx	xx	xx	xx
Phoenix .....	1,161	976	221	1,197	1,051	866	221	1,087	110	110	0	0
Phoenix .....	1,459	1,390	346	1,736	1,736	1,736	410	1,226	487	474	36	36
Phoenix .....	2,212	1,976	1,559	3,535	3,535	1,976	1,559	3,535	0	0	0	0
Phoenix .....	1,443	1,383	926	2,309	1,383	1,383	926	2,309	155	155	0	0
ARIZONA												
Phoenix .....	287	287	48	335	270	270	48	318	17	17	0	0
Phoenix .....	436	436	143	579	466	466	143	549	30	30	0	0
Phoenix .....	661	651	308	969	661	661	308	961	0	0	0	0
ARIZONA												
Phoenix .....	661	636	185	821	661	636	185	821	0	0	0	0
Phoenix .....	xx	xx	xx	xx	455	441	85	526	xx	xx	xx	xx
Phoenix .....	xx	xx	xx	xx	206	195	109	295	xx	xx	xx	xx
Phoenix .....	704	703	677	1,328	455	455	246	801	249	246	231	231
Phoenix .....	xx	xx	xx	xx	90	90	60	150	xx	xx	xx	xx
Phoenix .....	xx	xx	xx	xx	259	259	176	395	xx	xx	xx	xx
Phoenix .....	xx	xx	xx	xx	106	106	150	256	xx	xx	xx	xx
Phoenix .....	670	664	269	939	639	639	269	908	31	25	0	0
Phoenix .....	2,387	2,142	707	2,894	2,358	2,142	707	2,849	29	0	0	0
Phoenix .....	988	888	88	976	834	834	88	922	54	54	0	0
Phoenix .....	1,452	1,144	856	2,000	1,437	1,144	856	2,000	15	0	0	0
Phoenix .....	1,832	1,832	0	1,832	1,670	1,670	0	1,670	162	162	0	0
Phoenix .....	4,251	4,193	0	4,193	1,939	1,936	0	3,936	312	257	0	0
Phoenix .....	150	150	103	253	150	150	103	253	0	0	0	0
Phoenix .....	535	528	133	661	495	488	133	621	40	40	0	0
Phoenix .....	75	75	48	123	75	75	48	123	0	0	0	0
Phoenix .....	192	192	0	192	192	192	0	192	0	0	0	0
Phoenix .....	266	232	124	356	266	232	124	356	0	0	0	0
Phoenix .....	1,389	1,108	1,700	2,808	1,389	1,108	1,700	2,808	0	0	0	0
Phoenix .....	415	393	178	521	382	360	128	488	33	33	0	0
Phoenix .....	243	267	227	494	320	250	227	477	23	17	0	0
Phoenix .....	xx	xx	xx	xx	170	150	82	232	xx	xx	xx	xx
Phoenix .....	xx	xx	xx	xx	150	100	145	245	xx	xx	xx	xx
Phoenix .....	272	266	121	327	268	244	121	415	14	12	0	0



Number of area	State and metropolitan area	Metropolitan area				Number of general hospital beds			
		Existing beds		Add'l. beds pro- grammed	Total beds pro- grammed	Central city		Add'l. beds pro- grammed	Total beds pro- grammed
		Total	Accept- able			Total	Accept- able		

#### MAH

101	Ogden.....	343	343	157	505	348	348	157	505
241	Provo.....	211	184	216	400	113	113	181	294
125	Salt Lake City.....	1,026	820	770	1,590	1,026	820	770	1,590

#### MARINE

185	Spartanburg.....	423	418	14	432	418	418	14	432
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#### MARYLAND

181	Bristol* .....	532	447	257	704	171	105	52	157
	Bristol (Tenn.) .....	xx	xx	xx	xx	129	105	0	105
	Bristol.....	xx	xx	xx	xx	42	0	52	52
193	Denver.....	330	312	171	483	312	312	171	483
61	Hampton et al. ....	449	449	0	449	449	449	0	449
	Hampton.....	xx	xx	xx	xx	0	0	0	0
	Newport News.....	xx	xx	xx	xx	449	449	0	449
	Warwick.....	xx	xx	xx	xx	0	0	0	0
222	Lynchburg.....	449	449	62	511	419	419	15	434
116	Norfolk - Portsmouth..	1,476	1,472	719	2,191	1,437	1,433	669	2,102
	Norfolk.....	xx	xx	xx	xx	1,075	1,071	519	1,590
	Portsmouth.....	xx	xx	xx	xx	362	362	150	512
239	Petersburg - Hopewell..	274	274	248	522	274	274	248	522
	Petersburg.....	xx	xx	xx	xx	234	234	175	409
	Hopewell.....	xx	xx	xx	xx	40	40	73	113
117	Richmond.....	2,261	2,261	264	2,525	2,261	2,261	264	2,525
118	Roanoke.....	790	780	70	850	790	780	70	850

#### MARYLAND

177	Bellingham.....	238	138	150	288	238	138	150	288
182	Bremerton.....	180	90	231	321	180	90	231	321
200	Everett.....	285	244	142	386	244	244	142	386
237	Pasco et al. ....	265	265	61	326	237	237	61	298
	Pasco.....	xx	xx	xx	xx	88	88	61	149
	Kennewick.....	xx	xx	xx	xx	40	40	0	40
	Richland.....	xx	xx	xx	xx	109	109	0	109
134	Seattle.....	2,786	2,340	628	2,968	2,387	2,176	460	2,636
139	Spokane.....	932	932	192	1,124	932	932	192	1,124
146	Tacoma.....	844	810	403	1,213	810	810	403	1,213
259	Yakima.....	409	409	159	568	344	344	159	503

#### MARYLAND

25	Charleston.....	1,564	1,413	134	1,547	1,052	957	108	1,065
189	Clarksburg.....	265	265	225	490	265	265	225	490
65	Huntington - Ashland*	1,340	1,185	207	1,392	1,059	944	194	1,138
	Huntington.....	xx	xx	xx	xx	899	744	189	933
	Ashland (Ky.) .....	xx	xx	xx	xx	200	200	5	205
158	Wheeling - Steubenville* .....	1,409	1,271	514	1,785	840	724	293	1,017
	Wheeling.....	xx	xx	xx	xx	568	518	150	668
	Steubenville (Ohio)...	xx	xx	xx	xx	272	206	143	349

#### MISSISSIPPI

172	Appleton.....	333	333	15	348	240	240	0	240
43	Duluth - Superior* ....	1,388	1,291	142	1,433	940	940	0	940
	Duluth (Minn.) .....	xx	xx	xx	xx	741	741	0	741
	Superior.....	xx	xx	xx	xx	199	199	0	199
195	Eau Claire.....	558	536	105	641	363	363	57	420
57	Green Bay.....	562	562	71	633	562	562	71	633
73	Kenosha.....	355	355	0	355	355	355	0	355
214	La Crosse.....	587	587	0	587	587	587	0	587
87	Madison.....	1,409	1,400	297	1,697	1,363	1,363	274	1,637
271	Manitowoc - Two Rivers	214	214	0	214	214	214	0	214
	Manitowoc.....	xx	xx	xx	xx	266	266	0	266
	Two Rivers.....	xx	xx	xx	xx	48	48	0	48

State and metropolitan area	Number of general hospital beds											
	Metropolitan area				Central city				Outside central city			
	Existing	Accept-	Adm'd.	Total	Existing	Accept-	Adm'd.	Total	Existing	Accept-	Adm'd.	Total
	Total	able	beds	beds	Total	able	beds	beds	Total	able	beds	beds
Name			pro- grammed	pro- grammed			pro- grammed	pro- grammed			pro- grammed	pro- grammed
Continued												
es.....	3,979	3,661	338	3,999	3,133	2,839	338	3,177	846	822	0	822
.....	320	380	17	397	218	213	17	235	162	162	0	162
.....	529	529	21	550	472	472	0	472	57	57	21	78
an.....	403	403	15	418	368	368	0	368	35	35	15	50
.....	253	253	50	303	253	253	50	303	0	0	0	0

Number of area	Name	Population, 1956 2/		Per capita effective income 1955 2/	Metropolitan area		Central city	
		Total (thous.)	Central city (thous.)		Existing, 1950 Total	Acceptable Total	Existing, 1950 Total	Acceptable Total

United States..... 103,434.3 64,560.2 \$1,602 3,89 3,42 4,70 5,44 4,95

## ALABAMA

171	Anniston.....	37.7	36.2	1,091	1,31	1,31	4,44	4,65	4,65
17	Birmingham.....	612.7	369.5	1,452	3,92	3,92	5,44	5,27	5,27
203	<u>Florence et al.</u> .....	<u>100.0</u>	<u>52.0</u>	<u>1,000</u>	<u>2,26</u>	<u>2,26</u>	<u>3,32</u>	<u>4,27</u>	<u>4,27</u>
	Florence.....	xx	27.8	xx	xx	xx	xx	4,35	4,35
	Shofield.....	xx	13.6	xx	xx	xx	xx	7,72	7,72
	Tusculum.....	xx	(	xx	xx	xx	xx	0	0
	Madison Shoal.....	xx	(11.5	xx	xx	xx	xx	0	0
54	Madison.....	103.0	63.8	1,169	2,10	2,10	5,09	3,30	3,30
91	Mobile.....	266.3	152.0	1,760	3,00	3,00	5,29	5,16	5,16
96	Montgomery.....	155.4	121.4	1,358	3,71	3,71	8,37	4,67	4,67

## ARIZONA

107	Phoenix.....	505.0	156.0	1,397	2,57	2,54	4,59	7,31	7,26
152	Tucson.....	217.2	55.0	1,455	3,60	2,87	4,69	13,49	10,40

## ARKANSAS

50	Fort Smith.....	72.0	56.9	1,372	4,78	4,56	4,56	6,05	5,76
81	<u>Little Rock -</u>								
	<u>North Little Rock...</u>	<u>240.9</u>	<u>168.4</u>	<u>1,388</u>	<u>6,63</u>	<u>5,17</u>	<u>6,77</u>	<u>2,42</u>	<u>2,61</u>
	Little Rock.....	xx	117.5	xx	xx	xx	xx	13,50	10,91
	North Little Rock.....	xx	90.9	xx	xx	xx	xx	0	0
253	<u>Foxarkana *</u> .....	<u>100.5</u>	<u>53.0</u>	<u>1,023</u>	<u>3,22</u>	<u>2,51</u>	<u>4,64</u>	<u>6,04</u>	<u>4,72</u>
	Foxarkana.....	xx	21.8	xx	xx	xx	xx	7,80	6,88
	Foxarkana (Tex.) ..	xx	31.2	xx	xx	xx	xx	4,01	3,21

## CALIFORNIA

175	Pekersfield.....	262.1	44.5	1,712	4,61	2,81	4,20	23,12	12,65
53	Fresno.....	317.3	115.1	1,571	2,70	1,19	4,08	5,09	2,14
15	<u>Los Angeles -</u>								
	<u>Long Beach.....</u>	<u>2,566.2</u>	<u>2,548.0</u>	<u>1,989</u>	<u>1,02</u>	<u>2,14</u>	<u>4,16</u>	<u>4,66</u>	<u>3,01</u>
	Los Angeles.....	xx	2,250.0	xx	xx	xx	xx	4,17	3,92
	Long Beach.....	xx	298.0	xx	xx	xx	xx	3,21	2,99
228	Madesto.....	142.4	36.1	1,480	3,86	3,68	4,33	10,77	9,94
121	Sacramento.....	389.9	160.0	1,961	2,92	2,90	4,33	6,86	6,76
128	<u>San Bernardino et al.</u>	<u>611.2</u>	<u>195.0</u>	<u>1,491</u>	<u>2,67</u>	<u>2,56</u>	<u>3,76</u>	<u>3,22</u>	<u>2,96</u>
	San Bernardino.....	xx	85.5	xx	xx	xx	xx	3,77	4,01
	Riverside.....	xx	69.5	xx	xx	xx	xx	3,01	1,01
	Ontario.....	xx	40.0	xx	xx	xx	xx	.63	.63
129	San Diego.....	376.2	478.1	1,878	2,42	2,31	3,14	2,85	2,75
130	<u>San Francisco -</u>								
	<u>Oakland.....</u>	<u>2,613.1</u>	<u>1,218.5</u>	<u>2,140</u>	<u>2,72</u>	<u>3,65</u>	<u>4,23</u>	<u>5,46</u>	<u>5,40</u>
	San Francisco.....	xx	800.5	xx	xx	xx	xx	6,37	6,19
	Oakland.....	xx	412.0	xx	xx	xx	xx	3,97	3,86
131	San Jose.....	444.2	109.8	1,837	2,29	1,77	3,71	7,19	5,09
249	Santa Barbara.....	110.9	52.5	1,897	6,23	5,14	5,71	10,21	7,90
144	Stockton.....	229.5	79.9	1,681	3,60	3,42	4,79	3,67	3,42

## COLORADO

190	Colorado Springs....	105.6	55.3	1,518	3,76	3,29	3,76	7,18	6,27
39	Denver.....	725.1	498.1	1,721	4,02	3,92	4,02	5,85	5,71
113	Pueblo.....	106.1	97.3	1,286	5,82	4,60	4,60	6,35	5,02

1/ Represents the 166 standard metropolitan county areas as defined by the U. S. Bureau of the Census.  
metropolitan areas as designated in 1956 by Sales Management.

2/ Sales Management, Inc. Survey of Buying Power. Sales Management 76:May 10, 1956. (Copyright not licensed).

\* Inter-State area.

Order of States	Name	Total (thou.)	Central city (thou.)	buying income 1955	Total	Accept- able	beds pro- grammed	Total	Accept- able	beds pro- grammed	Total	Accept- able
<b>CONNECTICUT</b>												
11	Bridgeport et al.....	592.0	309.6	\$2,313	2.93	2.83	3.95	4.48	4.30	6.08	1.23	1.23
	Bridgeport.....	xx	167.5	xx	xx	xx	xx	4.74	4.10	6.62	xx	xx
	Stamford.....	xx	84.1	xx	xx	xx	xx	4.01	4.01	5.10	xx	xx
	Stamford.....	xx	58.0	xx	xx	xx	xx	5.29	5.29	6.95	xx	xx
12	Hartford -											
	New Britain.....	622.9	269.4	2,142	3.73	3.73	4.61	6.99	6.99	8.40	1.25	1.25
	Hartford.....	xx	187.6	xx	xx	xx	xx	8.50	8.50	9.85	xx	xx
	New Britain.....	xx	81.8	xx	xx	xx	xx	3.51	3.51	5.07	xx	xx
13	Middletown.....	75.0	33.0	1,764	2.64	2.28	4.07	6.00	5.18	9.24	0	0
14	New Haven -											
	Waterbury.....	605.4	275.5	1,979	3.57	3.54	4.82	6.08	6.01	8.80	1.48	1.48
	New Haven.....	xx	165.0	xx	xx	xx	xx	6.10	5.98	9.64	xx	xx
	Waterbury.....	xx	110.5	xx	xx	xx	xx	6.05	6.05	7.56	xx	xx
15	New London -											
	Norwich.....	163.7	68.6	1,676	2.06	2.06	3.78	4.91	4.91	9.02	0	0
	New London.....	xx	31.0	xx	xx	xx	xx	6.32	6.32	12.16	xx	xx
	Norwich.....	xx	37.6	xx	xx	xx	xx	3.75	3.75	6.44	xx	xx
<b>DELAWARE</b>												
16	Wilmington * .....	315.3	112.0	2,003	4.11	4.00	4.18	9.25	9.25	9.77	1.28	1.1
<b>DISTRICT OF COLUMBIA</b>												
17	Washington * .....	1,802.1	876.8	2,208	3.13	3.09	4.40	4.96	4.87	5.15	1.41	1.4
<b>FLORIDA</b>												
18	Daytona Beach.....	92.4	38.8	1,405	3.02	3.02	4.17	4.77	4.77	6.47	1.75	1.7
19	St. Lauderdale.....	172.6	67.7	1,591	4.33	4.12	4.54	8.77	8.77	9.84	1.46	1.1
20	Jacksonville.....	398.0	226.1	1,440	3.39	3.39	4.69	5.96	5.96	8.25	0	0
21	Lakeland.....	160.1	40.3	1,250	2.74	2.20	4.68	3.50	2.51	7.47	2.48	2.1
22	Miami.....	743.7	307.2	1,864	3.03	2.99	4.07	4.48	4.38	6.26	2.02	2.0
23	Orlando.....	177.4	68.0	1,467	3.58	3.18	5.14	8.01	6.99	11.34	.82	.8
24	Pensacola.....	163.4	59.3	1,241	2.69	1.67	3.42	6.95	4.60	9.01	.27	0
25	Tampa -											
	St. Petersburg.....	552.8	372.2	1,422	2.06	2.98	4.81	3.76	3.68	6.09	1.61	1.5
	Tampa.....	xx	235.6	xx	xx	xx	xx	3.43	3.29	5.25	xx	xx
	St. Petersburg.....	xx	136.6	xx	xx	xx	xx	4.35	4.35	7.55	xx	xx
26	W. Palm Beach.....	165.6	52.4	1,478	2.88	2.52	4.08	7.37	6.22	11.16	.80	.8
<b>GEORGIA</b>												
27	Atlanta.....	778.9	490.0	1,747	5.28	4.39	4.74	7.31	5.92	6.13	1.85	1.7
28	Augusta * .....	263.5	195.8	1,276	2.56	2.56	3.62	3.44	3.44	4.88	0	0
29	Columbus * .....	220.7	93.9	1,492	2.86	2.44	3.50	5.89	5.12	6.38	.62	.4
30	Macon.....	155.2	81.9	1,347	4.07	3.60	3.60	7.70	6.83	6.83	0	0
31	Savannah.....	164.5	129.8	1,389	5.60	4.99	4.99	7.10	6.33	6.33	0	0
<b>ILLINOIS</b>												
32	Evanston.....	138.0	41.0	1,370	4.67	4.67	4.74	9.73	9.73	9.98	2.53	2.5
<b>INDIANA</b>												
33	Bloomington.....	86.4	40.2	1,736	5.24	3.65	3.80	8.26	4.83	5.15	2.62	2.6
34	Champaign -											
	Urbana.....	123.0	72.0	1,963	5.00	3.79	3.79	8.54	6.47	6.47	0	0
	Champaign.....	xx	45.9	xx	xx	xx	xx	5.32	3.36	3.36	xx	xx
	Urbana.....	xx	26.1	xx	xx	xx	xx	14.21	11.95	11.95	xx	xx
35	Chicago * .....	6,150.9	3,806.0	2,175	3.77	3.55	3.92	4.34	4.18	4.32	2.85	2.8
36	Danville.....	90.6	39.4	1,626	3.71	1.43	3.96	8.53	3.30	9.11	0	0
37	Davenport et al * .....	253.8	176.1	1,828	3.58	3.38	3.58	5.16	4.88	5.16	0	0
	Davenport (Iowa).....	xx	82.0	xx	xx	xx	xx	4.40	4.40	4.40	xx	xx
	Holmes.....	xx	41.9	xx	xx	xx	xx	9.26	8.07	9.26	xx	xx
	Rock Island.....	xx	52.2	xx	xx	xx	xx	3.07	3.07	3.07	xx	xx
38	Decatur.....	111.1	71.3	1,743	5.75	4.76	4.95	8.96	7.42	7.71	0	0
39	Galesburg.....	55.7	33.3	1,673	3.72	3.72	4.15	6.22	6.22	6.94	0	0
40	Kankakee.....	81.4	28.6	1,432	2.22	0	3.49	5.80	0	9.93	.28	0
41	Peoria.....	275.0	114.7	1,819	3.77	3.37	4.44	7.55	6.58	9.15	1.07	1.1
42	Quincy.....	68.1	46.9	1,455	4.70	2.04	4.29	6.82	2.96	6.23	0	0
43	Rockford.....	171.0	113.7	1,886	4.53	4.53	4.58	6.82	6.82	6.90	0	0
44	Springfield.....	139.6	86.6	1,753	6.70	6.70	6.70	10.81	10.81	10.81	0	0

Number of area	Name	Population, 1956		"effective" buying income 1955	Metropolitan area		Total body pro- grammed	Central of	
		Total (thou.)	Central city (thou.)		Existing body Total	Accept- able		Existing body Total	Accept- able
INDIANA									
169	Anderson.....	115.2	52.1	\$1,720	2.67	2.21	3.08	5.05	4.03
196	Elkhart.....	93.7	39.4	1,864	2.45	2.16	3.32	3.86	3.86
47	Evansville *	213.5	137.7	1,640	5.01	3.32	5.21	7.17	4.49
51	Fort Wayne.....	205.8	144.8	1,958	3.90	3.41	4.99	5.54	4.84
66	Indianapolis.....	613.1	446.1	2,108	4.06	3.79	7.84	5.21	5.20
213	Kokomo.....	60.3	43.0	1,734	2.07	2.07	3.62	2.91	2.91
215	Lafayette.....	83.3	40.3	1,841	4.56	2.47	7.21	9.43	5.11
225	Marion.....	67.2	34.0	1,483	1.16	1.16	2.78	2.29	2.29
95	Muncie.....	105.1	63.4	1,736	2.06	2.06	6.70	3.42	3.42
247	Richmond.....	76.1	42.6	1,656	3.19	2.59	3.47	5.70	4.62
138	South Bend.....	238.4	132.9	2,151	2.39	1.30	4.80	3.13	1.26
148	Terre Haute.....	106.7	65.3	1,719	4.32	3.08	5.21	7.06	5.04
IOWA									
23	Cedar Rapids.....	114.9	78.9	1,831	4.51	3.82	4.43	6.57	5.56
36	Davenport et al *	253.8	176.1	1,828	3.48	3.38	3.58	7.16	4.88
	Davenport.....	xx	82.0	xx	xx	xx	xx	4.40	4.40
	Rock Island (Ill.)...	xx	52.2	xx	xx	xx	xx	3.07	3.07
	Moline (Ill.).....	xx	41.9	xx	xx	xx	xx	9.26	8.07
40	Des Moines.....	249.2	187.5	1,950	4.61	4.04	4.88	6.13	5.37
42	Dubuque.....	75.8	55.7	1,634	8.28	6.69	6.69	11.15	9.10
136	Sioux City.....	113.5	95.1	1,772	7.30	6.62	6.62	8.72	7.90
157	Waterloo.....	111.3	73.5	1,829	4.43	4.43	4.43	5.70	5.70
KANSAS									
209	Hutchinson.....	58.6	36.8	1,529	4.42	4.42	4.42	7.04	7.04
150	Topeka.....	127.4	95.0	1,673	3.38	3.12	4.02	4.54	4.19
159	Wichita.....	315.8	230.2	1,718	3.84	3.81	4.57	5.27	5.27
KENTUCKY									
65	Huntington - Ashland *	261.8	125.8	1,324	5.12	4.53	5.32	8.74	7.50
	Huntington (W. Va.)	xx	92.4	xx	xx	xx	xx	9.73	8.05
	Ashland.....	xx	33.4	xx	xx	xx	xx	5.99	5.99
78	Lexington.....	118.5	57.9	1,552	6.76	6.76	6.76	13.83	13.83
84	Louisville *	675.5	412.4	1,654	3.69	3.48	4.50	5.35	5.35
236	Paducah.....	73.4	48.8	1,352	4.28	4.28	5.29	6.43	6.43
LOUISIANA									
168	Alexandria.....	106.0	41.2	1,087	3.68	3.68	3.68	9.13	9.13
13	Baton Rouge.....	212.5	153.1	1,639	2.16	2.16	2.80	3.00	3.00
216	Lake Charles.....	119.2	63.9	1,446	2.93	2.78	2.90	4.01	4.01
229	Monroe - W. Monroe.....	86.1	61.8	1,348	5.55	5.55	7.34	7.73	7.73
	Monroe.....	xx	45.1	xx	xx	xx	xx	10.60	10.60
	W. Monroe.....	xx	16.7	xx	xx	xx	xx	0	0
98	New Orleans.....	797.1	630.2	1,520	2.84	2.84	3.04	3.46	3.46
135	Shreveport.....	251.9	164.1	1,452	6.52	6.10	6.19	9.89	9.24
MAINE									
174	Bangor.....	109.2	37.1	1,337	4.84	2.35	4.47	10.54	6.06
221	Lewiston - Auburn.....	84.3	67.2	1,545	4.40	2.62	4.73	5.52	3.29
	Lewiston.....	xx	42.3	xx	xx	xx	xx	8.77	5.22
	Auburn.....	xx	24.9	xx	xx	xx	xx	0	0
110	Portland.....	171.9	79.8	1,548	4.67	3.41	4.45	9.17	7.36
MARYLAND									
12	Baltimore.....	1,481.6	973.9	1,593	3.63	3.60	4.86	5.35	5.30
191	Cumberland.....	94.1	38.6	1,153	4.60	4.60	5.35	9.43	9.43
208	Hagerstown.....	85.3	40.2	1,337	3.53	3.53	3.87	7.49	7.49

City and metropolitan area data			Per capita "effective" buying income 1955	General hospital beds per 1,000 population								
Name	Population, 1956			Metropolitan area			Central city			Outside central city		
	Total (thou.)	Central city (thou.)		Existing beds			Existing beds			Existing beds		
				Total	Accept- able	Total pro- grammed	Total	Accept- able	Total pro- grammed	Total	Accept- able	Total pro- grammed
ETTS												
tion.....	2,991.3	752.2	\$1,830	4.54	3.85	5.29	9.01	7.74	8.96	3.03	2.54	4.05
ection.....	208.0	65.1	1,554	2.06	1.64	3.79	4.65	3.61	9.23	.87	.74	1.32
l River -												
Bedford.....	402.2	319.6	1,463	2.77	2.23	4.08	3.86	3.30	5.13	1.46	.94	2.81
y Bedford.....	xx	108.1	xx	xx	xx	xx	3.38	3.38	4.78	xx	xx	xx
l River.....	xx	111.5	xx	xx	xx	xx	4.32	3.23	5.66	xx	xx	xx
tsfield.....	138.6	55.7	1,611	4.85	3.28	4.00	7.72	4.08	4.08	2.92	2.75	3.94
tsfield -												
oke.....	424.2	224.1	1,706	3.17	2.32	4.70	5.26	4.02	7.93	1.43	.91	2.03
ingfield.....	xx	169.0	xx	xx	xx	xx	4.92	4.27	8.21	xx	xx	xx
oke.....	xx	55.1	xx	xx	xx	xx	6.32	3.28	7.06	xx	xx	xx
cester.....	580.2	206.5	1,598	4.28	3.74	4.28	7.09	6.25	7.02	2.73	2.36	2.77
Arbor.....	155.6	50.5	1,795	10.38	10.00	10.00	28.59	27.92	27.92	1.63	1.39	1.39
le Creek.....	138.7	52.9	1,712	3.89	3.73	4.31	7.94	7.52	8.66	1.39	1.39	1.63
City.....	98.4	57.0	1,566	4.43	2.65	4.39	7.65	4.58	7.58	0	0	0
roit.....	3,518.6	1,925.8	2,009	3.29	2.58	3.99	4.29	3.24	5.46	2.07	1.79	2.22
nt.....	310.0	190.0	1,975	3.77	3.38	3.86	6.31	5.87	6.71	.34	0	0
nd Rapids.....	323.4	188.7	1,823	4.10	3.76	5.63	7.03	6.44	9.66	0	0	0
erson.....	120.6	53.8	1,674	2.89	2.61	4.06	6.47	5.86	9.11	0	0	0
amazoo.....	146.0	71.9	1,796	3.60	3.58	3.87	7.05	7.05	7.64	.26	.22	.22
ing.....	202.4	102.3	2,028	2.76	2.40	4.38	5.18	4.75	8.67	.29	0	0
egon.....	139.0	50.2	1,529	1.65	2.31	4.17	9.98	6.39	11.53	.07	0	0
t Huron.....	103.1	37.5	1,536	3.57	2.99	4.26	8.59	7.52	10.08	.70	.40	.93
inav.....	179.1	98.4	1,650	3.57	2.93	4.49	6.18	5.06	7.76	0	0	0
uth -												
rior * .....	264.2	142.3	1,558	5.25	4.89	5.42	6.61	6.61	6.61	3.68	2.88	4.04
uth.....	xx	109.5	xx	xx	xx	xx	6.96	6.96	6.96	xx	xx	xx
rior (Wisc.) ...	xx	35.8	xx	xx	xx	xx	5.56	5.56	5.56	xx	xx	xx
neapolis -												
Paul.....	1,247.6	867.3	1,893	4.74	4.17	5.23	6.59	5.83	5.83	.53	.39	3.87
neapolis.....	xx	334.7	xx	xx	xx	xx	6.57	6.27	6.27	xx	xx	xx
Paul.....	xx	332.6	xx	xx	xx	xx	6.67	5.12	5.12	xx	xx	xx
LI												
oxi -												
port.....	117.2	83.7	1,318	1.70	1.70	3.41	2.38	2.38	4.78	0	0	0
ord.....	xx	55.0	xx	xx	xx	xx	1.09	1.09	3.36	xx	xx	xx
lport.....	xx	28.7	xx	xx	xx	xx	4.84	4.84	7.49	xx	xx	xx
son.....	163.0	118.5	1,337	5.89	5.67	5.67	8.10	7.81	7.81	0	0	0
Lin.....	112.5	41.5	1,206	4.47	4.47	4.83	6.92	6.92	6.92	3.04	3.04	3.61
as City * .....	955.5	619.9	1,936	5.68	4.70	5.08	7.41	6.51	6.93	2.49	1.37	1.67
Joseph.....	101.8	84.3	1,580	5.18	5.18	5.83	6.25	6.25	7.03	0	0	0
Louis * .....	1,849.2	872.8	1,814	4.80	4.75	4.94	7.49	7.49	7.51	2.40	2.30	2.64
ngfield.....	117.9	92.0	1,445	5.22	5.22	5.88	6.70	6.70	7.53	0	0	0
ings.....	69.8	42.4	1,701	4.84	4.84	5.11	7.97	7.97	8.42	0	0	0
g -												
onda.....	75.1	48.6	1,612	6.58	6.58	6.58	10.16	10.16	10.16	0	0	0
te.....	xx	35.6	xx	xx	xx	xx	11.10	11.10	11.10	xx	xx	xx
conda.....	xx	13.0	xx	xx	xx	xx	7.62	7.62	7.62	xx	xx	xx
t Falls.....	62.5	48.9	1,905	6.38	6.38	6.38	8.16	8.16	8.16	0	0	0

State and metropolitan area data				Per capita "effective" daying income 1955	General hospital beds					
Number of area	Name	Population, 1956			Metropolitan area			Central		
		Total (thou.)	Central city (thou.)		Existing beds Total	accept- able	Total pro- posed	Existing beds Total	Accept- able	
NEVADA										
218	Las Vegas.....	95.8	50.3	\$2,118	3,49	3,49	5,15	4,91	4,91	
246	Area.....	65.7	43.3	2,392	4,43	4,43	5,46	6,72	6,72	
NEW HAMPSHIRE										
98	Manchester.....	159.7	86.7	1,571	5,43	4,75	4,57	6,45	5,21	
NEW JERSEY										
9	Atlantic City.....	141.9	61.5	1,660	2,06	.85	4,71	3,46	1,5	
99	NEW YORK - N. E. NEW JERSEY:									
99b	New Jersey									
	Portion only.....	3,787.8	3,787.8	2,139	3,38	3,12	4,38	4,48	3,1	
	Bergen.....	xx	687.7	2,391	xx	xx	xx	1,95	1,9	
	Essex.....	xx	980.0	2,296	xx	xx	xx	4,08	3,7	
	Hudson.....	xx	642.1	1,868	xx	xx	xx	4,79	4,7	
	Middlesex.....	xx	327.9	1,877	xx	xx	xx	1,09	1,0	
	Morris.....	xx	203.7	2,615	xx	xx	xx	3,71	3,7	
	Passaic.....	xx	366.1	1,975	xx	xx	xx	4,23	3,7	
	Somerset.....	xx	119.2	1,065	xx	xx	xx	1,06	1,0	
	Union.....	xx	461.1	2,358	xx	xx	xx	2,67	2,6	
151	Trenton.....	259.0	131.8	1,989	3,27	2,24	5,25	5,52	3,5	
NEW MEXICO										
3	Albuquerque.....	208.2	172.1	1,627	3,27	3,27	4,06	3,95	3,95	
NEW YORK										
2	Albany et al.....	541.7	312.6	1,734	4,41	3,71	2,01	7,60	6,4	
	Albany.....	xx	140.4	xx	xx	xx	xx	8,30	6,7	
	Schenectady.....	xx	96.1	xx	xx	xx	xx	6,05	5,6	
	Troy.....	xx	76.1	xx	xx	xx	xx	7,87	7,8	
173	Auburn.....	72.4	37.5	1,365	4,07	4,07	4,82	7,47	7,4	
16	Binghamton.....	196.6	82.2	1,635	5,98	5,38	5,38	8,49	8,4	
21	Buffalo.....	1,212.4	602.5	1,632	3,86	3,67	4,14	5,76	5,7	
197	Elmira.....	94.9	51.7	1,515	4,76	4,76	5,26	8,74	8,7	
210	Jamestown.....	143.3	44.5	1,446	3,31	2,83	3,93	5,80	5,8	
99	NEW YORK - N. E. NEW JERSEY:									
99a	New York portion only	10,336.8	10,336.8	2,017	4,44	3,43	6,00	4,44	3,4	
	New York City, total.	xx	7,999.3	1,953	xx	xx	xx	4,91	4,9	
	Bronx Borough.....	xx	1,477.9	1,771	xx	xx	xx	3,14	3,1	
	Brooklyn Borough.....	xx	2,730.1	1,736	xx	xx	xx	3,65	3,6	
	Manhattan Borough.....	xx	1,885.1	2,288	xx	xx	xx	9,96	8,6	
	Queens Borough.....	xx	1,703.9	2,116	xx	xx	xx	3,11	3,1	
	Richmond Borough.....	xx	202.3	1,736	xx	xx	xx	3,19	3,1	
	Other counties, total	xx	2,337.5	2,237	xx	xx	xx	2,29	2,2	
	Nassau.....	xx	1,066.1	2,424	xx	xx	xx	2,39	2,3	
	Rockland.....	xx	103.0	1,494	xx	xx	xx	3,14	3,1	
	Suffolk.....	xx	446.0	1,512	xx	xx	xx	2,15	2,1	
	Westchester.....	xx	723.4	2,512	xx	xx	xx	4,37	4,3	
242	Poughkeepsie et al....	297.3	88.8	1,493	3,96	2,25	4,49	7,48	5,8	
	Poughkeepsie.....	xx	41.4	xx	xx	xx	xx	10,24	7,4	
	Newburgh.....	xx	32.4	xx	xx	xx	xx	5,99	4,9	
	Paecon.....	xx	15.0	xx	xx	xx	xx	3,07	0	
119	Rochester.....	533.2	344.0	1,810	4,12	3,96	4,81	6,24	5,5	
145	Syracuse.....	377.3	229.7	1,658	3,43	2,80	4,69	5,63	4,6	
154	Utica-Rome.....	296.9	151.3	1,440	2,52	2,02	3,55	5,74	4,5	
	Utica.....	xx	104.6	xx	xx	xx	xx	6,67	5,6	
	Rome.....	xx	46.7	xx	xx	xx	xx	3,64	3,6	
255	Watertown.....	86.8	35.6	1,375	4,76	4,01	5,28	9,33	8,3	

State and metropolitan area data			General hospital beds per 1,000 population									
Name	Population, 1950		Per capita "effective" buying income 1955	Metropolitan area			Central city			Outside central city		
	Total (thous.)	Central city (thous.)		Existing beds Total	Accept- able	Total beds pre- pared	Existing beds Total	Accept- able	Total beds pre- pared	Existing beds Total	Accept- able	Total beds pre- pared
<b>ALABAMA</b>												
Birmingham.....	132.5	56.8	\$1,295	4.15	4.15	5.84	9.15	9.15	13.10	.40	.40	.40
Montgomery.....	229.4	157.3	1,682	4.49	4.49	6.45	6.54	6.54	9.40	0	0	0
Mobile.....	111.8	74.9	1,497	9.06	9.06	14.32	14.71	14.71	21.23	0	0	0
Anniston.....	125.0	45.1	1,236	2.92	2.92	1.94	7.10	7.10	10.49	.25	.25	.25
Prichard.....	122.3	34.4	1,737	1.94	1.94	1.71	6.89	6.89	11.70	0	0	0
Dothan.....	214.3	131.1	1,569	3.25	3.25	5.42	5.33	5.33	8.96	0	0	0
Greensboro.....	xx	88.0	xx	xx	xx	xx	5.92	5.92	10.65	xx	xx	xx
High Point.....	xx	44.1	xx	xx	xx	xx	4.13	4.13	5.52	xx	xx	xx
Daingerfield.....	156.0	74.5	1,415	2.65	2.65	5.56	5.54	5.54	12.47	0	0	0
Washington.....	72.7	53.9	1,271	6.01	6.01	10.14	8.11	8.11	13.67	0	0	0
Easton-Salem.....	170.2	102.6	1,490	5.77	5.77	7.49	9.57	9.57	11.75	0	0	0
<b>ALASKA</b>												
Juneau.....	64.9	43.7	1,640	5.42	4.95	4.95	8.05	7.35	7.35	0	0	0
<b>ARIZONA</b>												
Phoenix.....	459.4	295.1	1,868	3.61	3.54	3.87	4.51	4.39	4.91	2.00	2.00	2.00
Tucson.....	312.2	123.2	1,717	4.20	4.11	4.11	7.72	7.48	7.48	1.97	1.97	1.97
Mesa.....	992.0	528.6	1,952	3.70	3.49	4.56	5.90	5.50	7.05	1.22	1.22	1.76
Flagstaff.....	1,616.8	944.0	2,225	3.79	3.79	4.35	4.79	4.79	5.17	2.37	2.37	3.20
Yuma.....	485.3	420.0	2,085	1.08	1.56	4.64	5.54	4.96	6.47	0	0	0
Glendale.....	526.7	277.5	2,036	3.48	3.42	4.13	6.25	6.13	7.45	.41	.41	.43
Phoenix-Midlandtown.....	166.7	102.5	1,720	3.93	3.93	4.34	5.69	5.69	6.36	1.12	1.12	1.12
Tempe.....	xx	66.0	xx	xx	xx	xx	6.59	6.59	7.18	xx	xx	xx
Mesa-Midlandtown.....	xx	36.5	xx	xx	xx	xx	4.95	4.95	4.88	xx	xx	xx
Flagstaff.....	97.5	54.8	1,096	5.57	5.57	6.15	9.49	9.49	10.40	.54	.54	.70
Flagstaff-Silver Lake.....	172.8	91.1	1,858	2.91	2.75	1.77	4.87	4.87	6.11	.84	.84	1.27
Flagstaff.....	xx	55.1	xx	xx	xx	xx	3.65	3.65	5.57	xx	xx	xx
Flagstaff.....	xx	76.0	xx	xx	xx	xx	6.75	6.75	6.94	xx	xx	xx
Flagstaff.....	102.3	47.9	1,835	4.18	3.83	3.99	7.79	7.79	8.12	1.01	.36	.35
Flagstaff.....	76.3	37.0	1,593	2.25	2.25	3.45	4.65	4.65	7.11	0	0	0
Flagstaff.....	102.8	43.1	1,277	2.94	2.94	3.65	7.10	7.10	8.70	0	0	0
Flagstaff.....	122.1	84.4	1,721	4.55	4.55	4.55	6.58	6.58	6.58	0	0	0
Flagstaff.....	429.7	176.0	2,196	5.14	5.08	5.08	6.77	6.77	6.77	0	0	0
<b>ARIZONA</b>												
Flagstaff - Tucsonville * .....	352.2	102.3	1,546	3.94	3.55	4.22	8.21	7.03	9.94	2.23	2.14	3.00
Flagstaff (W.Va.) .....	xx	66.6	xx	xx	xx	xx	4.66	7.90	10.18	xx	xx	xx
Flagstaff.....	xx	36.7	xx	xx	xx	xx	7.41	5.61	9.51	xx	xx	xx
Flagstaff * .....	570.5	175.1	1,793	3.99	3.59	4.15	6.97	6.97	6.97	2.68	2.09	2.91
Flagstaff.....	70.4	42.7	1,461	5.78	5.78	5.78	10.75	10.75	10.75	0	0	0
<b>ARIZONA</b>												
Flagstaff.....	53.0	40.7	1,539	5.70	5.70	5.70	7.42	7.42	7.42	0	0	0
Flagstaff.....	80.4	50.5	1,365	2.76	2.76	4.07	4.40	4.40	6.48	0	0	0
Flagstaff City.....	394.9	204.1	1,677	4.57	4.48	5.91	6.21	6.08	8.06	.38	.38	.38
Flagstaff.....	297.7	235.1	1,776	4.20	4.16	5.56	5.21	5.16	6.92	.42	.42	.42
<b>ARIZONA</b>												
Flagstaff.....	144.7	45.5	1,580	2.75	2.68	4.46	7.03	6.79	12.86	.96	.96	.96
Flagstaff * .....	785.6	416.1	1,656	4.38	4.12	4.73	6.91	6.78	6.78	1.53	1.12	2.42
Flagstaff.....	105.1	45.4	1,335	3.37	3.37	4.10	5.84	5.84	7.53	1.49	1.49	1.49
<b>ARIZONA</b>												
Flagstaff.....	452.4	217.1	1,727	3.85	3.29	4.47	7.50	6.68	7.99	.48	.15	1.25
Flagstaff.....	xx	111.7	xx	xx	xx	xx	7.74	7.74	8.38	xx	xx	xx
Flagstaff.....	xx	70.2	xx	xx	xx	xx	6.84	5.51	6.89	xx	xx	xx
Flagstaff.....	xx	35.2	xx	xx	xx	xx	8.38	7.74	8.95	xx	xx	xx
Flagstaff.....	137.7	96.4	1,381	4.47	3.98	4.28	6.32	6.32	6.83	2.15	1.06	1.11
Flagstaff.....	236.6	136.3	1,719	3.53	2.99	4.12	5.44	4.50	6.46	.94	.94	.94
Flagstaff.....	313.3	93.0	1,695	3.79	3.38	4.09	10.63	9.69	11.24	.96	.72	1.07
Flagstaff.....	294.0	65.3	1,770	4.35	3.24	4.28	12.96	8.47	12.86	1.89	1.75	1.87
Flagstaff.....	243.6	65.0	1,895	3.60	3.31	3.63	11.77	11.07	11.83	.63	.49	.65



Table 9. GENERAL HOSPITAL BEDS: Ratio of existing and total beds programmed per 1,000 population in each metropolitan area, July 1, 1956 - Continued

State and metropolitan area data				General hospital beds per 1,000 population							
Number of area	Name	Population, 1956		Per capita buying income 1955	Metropolitan area			Central city			Total
		Total (thou.)	Central city (thou.)		Existing beds	Total beds	Acceptable	Existing beds	Total beds	Acceptable	
					Total	Acceptable	Pro-grammed	Total	Acceptable	Pro-grammed	
<b>PENNSYLVANIA - Continued</b>											
233	New Castle.....	108.3	50.0	\$1,631	4.03	4.03	4.03	7.18	7.18	7.18	1.
106	Philadelphia * .....	4,076.3	2,166.4	1,888	4.34	3.60	4.49	5.74	4.78	5.23	2.
108	Pittsburgh.....	2,292.9	677.4	1,731	3.95	3.36	5.12	7.34	6.64	8.52	2.
116	Reading.....	261.2	113.1	1,815	3.12	2.53	3.79	7.21	5.85	8.76	0.
133	Scranton.....	255.7	127.0	1,399	5.13	3.88	4.62	8.02	6.17	7.08	2.
161	Wilkes-Barre -										
	Hazleton.....	379.7	108.8	1,380	3.80	2.78	4.73	9.60	6.03	12.00	1.
	Wilkes-Barre.....	xx	74.0	xx	xx	xx	xx	8.99	5.35	13.32	xx
	Hazleton.....	xx	34.8	xx	xx	xx	xx	10.02	7.47	9.20	xx
258	Williamsport.....	104.5	46.4	1,489	5.64	5.40	5.40	10.58	10.58	10.58	1.
164	York.....	214.4	61.8	1,605	2.20	2.13	2.70	6.34	6.10	7.65	
<b>RIODE ISLAND</b>											
112	Providence -										
	Pawtucket.....	706.9	330.1	1,704	3.27	3.27	4.39	5.67	5.67	6.58	1.
	Providence.....	xx	218.6	xx	xx	xx	xx	6.73	6.73	7.71	xx
	Pawtucket.....	xx	82.1	xx	xx	xx	xx	2.47	2.47	3.08	xx
<b>SOUTH CAROLINA</b>											
24	Charleston.....	189.2	71.7	1,247	4.83	4.70	7.10	12.73	12.40	18.74	0.
31	Columbia.....	168.3	108.0	1,425	4.99	4.79	6.29	7.78	7.46	9.80	0.
59	Greenville.....	184.9	64.5	1,418	4.49	4.49	5.76	11.58	11.58	14.02	
251	Spartanburg.....	158.8	39.1	1,211	2.84	2.84	5.14	10.77	10.77	20.13	
<b>SOUTH DAKOTA</b>											
245	Rapid City.....	53.3	37.9	1,470	5.03	4.54	4.69	6.25	6.25	6.25	2.
137	Sioux Falls.....	81.8	62.1	1,601	5.06	4.82	5.44	6.23	6.23	6.78	1.
<b>TENNESSEE</b>											
183	Bristol * .....	167.5	35.6	1,185	2.18	2.67	4.20	4.80	2.95	4.41	2.
	Bristol.....	xx	18.4	xx	xx	xx	xx	7.01	5.71	5.71	xx
	Bristol (Va.) .....	xx	17.2	xx	xx	xx	xx	2.44	0	3.02	xx
27	Chattanooga * .....	266.1	139.4	1,346	4.36	3.67	4.50	7.54	6.21	7.80	
74	Knoxville.....	358.6	129.1	1,342	4.07	3.88	4.84	7.53	7.10	9.50	
89	Memphis.....	534.4	453.3	1,586	4.14	3.70	6.00	4.88	4.36	7.07	0.
96	Nashville.....	354.6	178.1	1,563	4.08	3.90	6.51	7.26	6.90	12.09	
<b>TEXAS</b>											
167	Abilene.....	73.8	60.5	1,610	3.89	3.89	4.54	4.46	4.46	5.26	1.
6	Amarillo.....	132.4	120.7	1,939	3.29	3.29	4.37	3.36	3.36	4.55	2.
11	Austin.....	190.5	181.5	1,483	3.47	3.43	5.04	3.64	3.60	5.29	0.
15	Beaumont -										
	Port Arthur.....	224.5	170.3	1,659	2.94	2.83	2.66	3.88	3.73	4.82	0.
	Beaumont.....	xx	107.5	xx	xx	xx	xx	4.23	4.10	4.89	xx
	Port Arthur.....	xx	62.8	xx	xx	xx	xx	3.28	3.11	4.70	xx
184	Brownsville et al.....	262.3	101.7	921	1.94	1.93	3.80	4.47	4.47	7.88	xx
	Brownsville.....	xx	43.4	xx	xx	xx	xx	2.07	2.07	3.46	xx
	Harlingen.....	xx	31.9	xx	xx	xx	xx	8.12	8.12	12.38	xx
	McAllen.....	xx	26.4	xx	xx	xx	xx	4.02	4.02	9.70	xx
34	Corpus Christi.....	233.9	166.5	1,493	2.86	2.84	3.99	3.84	3.84	5.45	
35	Dallas.....	792.4	600.0	1,901	3.01	2.70	3.60	3.93	3.93	4.75	
45	El Paso.....	262.2	225.0	1,489	3.39	3.39	3.72	3.71	3.71	4.10	1.
52	Fort Worth.....	507.0	352.0	1,665	2.86	2.26	3.94	4.08	3.25	5.68	
55	Galveston.....	132.0	72.3	1,618	13.88	13.88	13.88	23.10	23.10	23.10	2.
64	Houston.....	1,076.2	725.0	1,800	3.95	3.90	3.90	5.43	5.43	5.43	
77	Laredo.....	65.0	61.8	841	2.31	2.31	3.89	2.43	2.43	4.09	0.
85	Lubbock.....	152.5	123.2	1,787	3.51	3.46	4.33	4.02	3.96	5.04	

Name	Population, 1956		"off. ctive" buying income 1955	Metropolitan area			Central city			Outside central city		
	Total (thou.)	Central city (thou.)		Total	Existing beds	Total accept- beds pro- grammed	Total	Existing beds	Total accept- beds pro- grammed	Total	Existing beds	Total accept- beds pro- grammed
Continued												
ard,.....	44.0	42.9	\$2,249	1.67	1.67	2.74	1.75	1.75	2.87	0	0	0
sa,.....	66.8	57.1	1,881	2.37	2.87	2.87	3.36	3.36	3.36	0	0	0
Angelo,.....	74.5	67.1	1,596	3.57	3.11	4.78	3.06	3.46	5.31	0	0	0
Antonio,.....	480.5	515.0	1,317	2.39	1.91	4.84	2.70	2.15	5.45	0	0	0
le,.....	95.3	33.5	1,436	4.35	4.12	5.47	11.40	10.75	14.57	.53	.53	.53
rkana *	106.5	53.0	1,078	3.22	2.61	4.64	6.04	4.72	9.09	.43	.22	.32
rkana (Ark.)	xx	21.8	xx	xx	xx	xx	7.30	6.88	10.64	xx	xx	xx
arkana,.....	xx	31.2	xx	xx	xx	xx	4.81	3.21	7.85	xx	xx	xx
r,.....	78.8	51.5	1,293	3.45	3.25	5.42	5.01	4.74	8.06	.51	.44	.44
r,.....	142.2	103.9	1,349	2.78	2.78	4.45	3.80	3.80	6.09	0	0	0
ita Falls,.....	126.8	104.2	1,675	1.30	3.21	4.34	3.73	3.67	5.04	1.28	1.11	1.11
.....	99.8	65.8	1,482	3.49	3.49	5.06	5.29	5.29	7.67	0	0	0
.....	95.0	34.1	1,174	2.22	1.94	4.21	3.31	3.31	8.62	1.61	1.17	1.74
Lake City,.....	313.4	204.1	1,641	3.28	2.62	5.09	5.03	4.02	7.79	0	0	0
.....	68.4	35.8	1,341	7.06	6.11	6.32	11.68	11.68	12.07	0	0	0
tol *	167.5	35.6	1,185	2.18	2.67	4.20	4.80	2.25	4.41	2.74	2.59	4.15
etol (Tenn.)	xx	18.4	xx	xx	xx	xx	7.01	5.71	5.71	xx	xx	xx
etol,.....	xx	17.2	xx	xx	xx	xx	2.44	0	3.62	xx	xx	xx
illa,.....	111.8	47.5	1,075	2.86	2.70	4.32	6.57	6.57	10.17	.12	0	0
on et al.,.....	187.2	187.2	1,452	2.40	2.40	2.40	2.40	2.40	2.40	0	0	0
pton,.....	xx	77.9	xx	xx	xx	xx	0	0	0	xx	xx	xx
port News,.....	xx	44.0	xx	xx	xx	xx	9.35	9.35	9.35	xx	xx	xx
olk,.....	xx	61.3	xx	xx	xx	xx	0	0	0	xx	xx	xx
rburg,.....	82.8	52.0	1,310	5.42	5.42	6.17	8.06	8.06	8.35	.97	.97	2.50
olk-Portsmouth,.....	523.3	392.0	1,423	2.76	2.75	4.09	3.62	3.61	5.29	.28	.28	.64
temouth,.....	xx	298.5	xx	xx	xx	xx	3.60	3.59	5.33	xx	xx	xx
temouth,.....	xx	98.5	xx	xx	xx	xx	3.68	3.68	5.20	xx	xx	xx
rburg-Hopewell,.....	99.8	60.8	1,247	2.25	2.25	5.23	4.51	4.51	8.69	0	0	0
rburg,.....	xx	38.5	xx	xx	xx	xx	6.08	6.08	10.72	xx	xx	xx
swell,.....	xx	23.3	xx	xx	xx	xx	1.79	1.79	5.67	xx	xx	xx
mond,.....	362.9	240.2	1,694	6.23	6.23	6.96	9.41	9.41	10.51	0	0	0
oke,.....	145.3	100.4	1,574	5.44	5.37	5.85	7.87	7.77	8.47	0	0	0
.....	70.8	35.9	1,469	3.36	1.95	4.07	6.63	3.04	8.02	0	0	0
orton,.....	85.4	32.8	1,619	2.11	1.05	3.76	5.49	2.74	7.79	0	0	0
ott,.....	133.7	34.3	1,557	2.13	1.82	2.89	7.11	7.11	11.25	.41	0	0
o et al.,.....	85.8	58.0	1,962	3.00	3.09	3.80	4.09	4.09	5.14	1.01	1.01	1.01
o,.....	xx	15.0	xx	xx	xx	xx	5.87	5.87	9.93	xx	xx	xx
awick,.....	xx	14.0	xx	xx	xx	xx	2.86	2.86	2.86	xx	xx	xx
land,.....	xx	29.0	xx	xx	xx	xx	3.76	3.76	3.76	xx	xx	xx
le,.....	777.8	561.1	2,094	3.58	3.01	3.82	4.61	3.88	4.70	.92	.76	1.53
ane,.....	261.0	185.0	1,861	3.57	3.57	4.31	5.04	5.04	6.08	0	0	0
sa,.....	304.4	157.6	1,748	2.79	2.66	3.98	5.14	5.14	7.70	.26	0	0
sa,.....	148.5	43.6	1,368	2.75	2.75	3.82	7.89	7.89	11.54	.62	.62	.62
ATA												
eston,.....	324.3	75.7	1,452	4.84	4.36	4.77	13.90	12.64	14.07	2.08	1.83	1.94
rburg,.....	81.0	33.0	1,424	3.27	3.27	6.05	8.03	8.03	14.85	0	0	0
rgton *												
and *	261.8	125.8	1,324	5.12	4.53	5.32	8.74	7.50	9.05	1.77	1.77	1.87
ington,.....	xx	92.7	xx	xx	xx	xx	9.73	8.05	10.10	xx	xx	xx
and (Ky.)	xx	33.4	xx	xx	xx	xx	5.99	5.99	6.14	xx	xx	xx
ing -												
nnville *	257.9	102.3	1,546	3.94	3.55	4.92	8.21	7.08	9.24	2.23	2.14	2.00
ling,.....	xx	65.6	xx	xx	xx	xx	8.66	7.90	10.18	xx	xx	xx
abenville (Ohio),..	xx	36.7	xx	xx	xx	xx	7.41	5.61	9.51	xx	xx	xx



State and Territorial Region	Standard of need 1/		Total	Acceptable		Programmed		Programmed		un- as- sessed of S ratio		
	Period	Deaths (5-yr. av.)		New cases (5-yr. av.)	Number per 1,000 pop.	Non- accept- able 2/	Number per 1,000 pop.	Number per 1,000 pop.				
United States and Territories .....		8,416	66,731	25,768	14,663	0.52	11,105	11,439	0.07	96,102	0.59	23.
United States .....		6,920	65,612	20,947	10,216	.50	10,731	11,267	.07	91,483	.58	22.
Ireland .....		116	2,244	6,244	4,825	.50	1,389	276	.03	5,101	.52	
Connecticut .....	1953-54	xx	736	1,249	1,249	3/	.57	0	0	1,249	.57	
Delaware .....	1950-54	116	xx	462	64	.07	398	326	.25	290	.32	
Massachusetts .....	1953-54	xx	2,326	3,695	2,802	.57	803	0	0	2,802	.57	
New Hampshire .....	1952-53	xx	143	134	89	.17	45	50	.09	139	.26	
Rhode Island .....	1953-54	xx	400	621	621	3/	.79	0	0	621	.79	
Vermont .....	1953-54	xx	141	143	0	0	143	0	0	0	0	
Virgin Islands .....	1953-54	1,192	14,756	24,586	19,036	.51	5,550	300	.01	19,336	.52	11.
Alabama .....	1953-54	xx	223	223	223	.59	0	0	0	223	.59	
Arkansas .....	1953-54	xx	864	867	867	1.06	0	0	0	867	1.06	
California .....	1953-54	xx	1,754	2,113	1,884	.75	229	0	0	1,884	.75	
Colorado .....	1950-54	855	xx	3,185	3,075	3/	.59	110	0	3,075	.59	
Connecticut .....	1952-53	xx	11,600	11,562	7,851	.51	3,711	0	0	7,851	.51	7.
Delaware .....	1953-54	xx	4,314	5,272	3,772	.35	1,500	300	.03	4,072	.38	2.
District of Columbia .....	1950-54	340	xx	1,364	1,364	3/	.70	0	0	1,364	.70	
Florida .....	1953-54	2,015	12,302	17,240	16,598	.50	642	5,652	.17	22,250	.67	3.
Georgia .....	1953-54	xx	2,175	845	778	.25	67	2,105	.80	3,263	1.05	
Idaho .....	1954-55	xx	1,234	1,653	1,653	.93	0	0	0	1,653	.93	
Illinois .....	1953-54	xx	1,868	1,982	1,982	.58	0	0	0	1,982	.58	
Indiana .....	1953-54	xx	1,983	2,104	2,104	.59	0	871	.24	2,975	.84	
Iowa .....	1948-52	1,101	xx	1,354	1,324	.45	30	1,075	.37	2,399	.82	
Kansas .....	1950-54	543	xx	1,853	1,817	3/	.63	36	0	1,817	.63	
Kentucky .....	1950-54	399	xx	650	650	.30	0	347	.16	997	.46	
Louisiana .....	1953-54	xx	1,396	2,471	2,471	3/	.59	0	0	2,471	.59	
Maine .....	1952-53	xx	875	945	889	.41	56	424	.20	1,313	.60	
Maryland .....	1949-53	912	xx	1,959	1,738	.52	221	0	0	1,738	.52	
Massachusetts .....	1952-53	xx	2,671	1,474	1,192	.35	232	450	.13	1,642	.48	2.
Michigan .....	1953-54	216	xx	2,127	2,121	.58	76	572	.05	2,693	.63	2.
Minnesota .....	1953-54	xx	1,599	866	790	.81	56	542	.56	1,332	1.37	
Mississippi .....	1950-54	172	xx	752	752	3/	.00	0	0	752	1.00	
Missouri .....	1950-54	344	xx	1,147	1,147	3/	.51	0	0	1,147	.51	
Montana .....	1953-54	xx	3,797	4,452	4,432	.54	20	30	.00	4,462	.54	1.
Nebraska .....	1950-54	1,800	12,762	22,919	21,671	.51	1,239	870	.02	22,541	.53	4.
Nevada .....	1950-54	1,558	xx	1,065	5,065	3/	.56	0	0	5,065	.56	
New Hampshire .....	1953-54	xx	1,500	1,707	1,154	.27	553	570	.14	1,724	.41	
New Jersey .....	1947-51	242	xx	728	596	.23	132	0	0	596	.23	
New Mexico .....	1953-54	xx	3,754	5,564	5,134	3/	.73	430	0	5,134	.73	
New York .....	1953-54	xx	797	1,553	1,553	2/	.40	0	0	1,553	.50	
North Carolina .....	1953-54	xx	2,001	1,958	1,958	.48	0	309	.07	2,258	.55	
North Dakota .....	1953-54	xx	4,683	4,188	4,301	.50	37	0	0	4,301	.50	2.
Ohio .....	1953-54	xx	1,028	1,997	1,910	3/	.53	87	0	1,910	.53	
Oklahoma .....	1953-54	278	1,392	2,262	2,262	.27	691	159	.02	2,413	.29	
Oregon .....	1949-53	191	xx	504	761	4/	.25	223	.09	461	.32	
Pennsylvania .....	1953-54	xx	231	140	100	.17	40	109	.08	150	.25	
Rhode Island .....	1953-54	xx	396	581	581	.29	0	0	0	581	.29	
South Carolina .....	1954-55	xx	421	313	313	.50	0	0	0	313	.50	
South Dakota .....	1953-54	xx	184	290	290	3/	.22	0	0	290	.22	
Tennessee .....	1950-54	47	xx	350	350	3/	.55	0	0	350	.55	
Texas .....	1950-54	40	xx	362	118	3/	.18	144	0	118	.18	
Vermont .....	1953-54	xx	132	100	100	.14	0	0	0	100	.13	
Virginia .....	1953-54	xx	31	50	50	3/	.17	0	0	50	.17	
Washington .....	1953-54	xx	10,354	10,132	8,702	.53	1,428	2,447	.21	12,149	.74	
West Virginia .....	1952-53	xx	8,318	8,139	6,723	.55	1,416	3,310	.27	10,033	.82	
Wisconsin .....	1953-54	xx	144	48	36	.17	12	137	.66	173	.83	
Wyoming .....	1953-54	xx	569	591	591	.36	0	0	0	591	.36	
Yukon .....	1952-53	xx	1,323	1,352	1,352	.55	0	0	0	1,352	.55	
Alaska .....	1953-54	1,496	1,112	4,821	4,821	1.32	274	172	.06	4,619	1.58	
Albania .....	1953-54	xx	691	800	503	3/	.27	132	.83	635	4.00	
Armenia .....	1953-54	xx	428	1,292	1,212	1/	.55	0	0	1,232	2.55	
Bahamas .....	1951-55	1,478	xx	2,734	2,704	1.20	17	0	0	2,707	1.20	
Barbados .....	1940-44	18	xx	5	5	.19	0	40	1.54	45	1.73	

Prior standard as prescribed by PHS Regulations: 2.5 beds per average annual death, for latest 5-year period.  
 Revised standard by amended PHS Regulations, 6-21-54, (optional for 2-year grace period): 1.5 beds per average  
 number of active and probably active new cases, for latest 2-year period.  
 As classified by the State Agency on the basis of fire and health hazards.  
 Existing acceptable beds exceed the maximum allowable for Federal assistance on the basis of the standard then followed.  
 561 other tuberculosis beds are not available to residents of Colorado.

State and socioeconomic region	Net change in tuberculosis beds, 1948 to 1956					Total beds added
	Number of beds			Bed population ratios		
	Total	Accept- able	Non- acceptable	Total	Accept- able	
United States and Territories.	410,281	412,082	-1,801	0.0	0.0	8,
United States.....	8,921	10,444	-1,523	.0	.0	7,
<u>New England</u> .....	-671	-1,921	1,320	-.2	-.2	
Connecticut.....	-472	-472	0	-.3	-.3	
Maine.....	-64	-462	398	-.1	-.5	
Massachusetts.....	-68	-802	734	-.1	-.2	
New Hampshire.....	-55	-100	45	-.1	-.2	
Rhode Island.....	-8	-8	0	-.1	-.1	
Vermont.....	-4	-147	143	.0	-.4	
<u>Middle East</u> .....	-588	-3,525	2,947	-.1	-.2	
Delaware.....	30	30	0	-.1	-.1	
District of Columbia.....	-310	-185	-125	-.3	-.2	
Maryland.....	230	141	89	-.1	-.2	
New Jersey.....	-174	-284	110	-.2	-.2	
New York.....	-32	-3,743	3,711	.0	-.3	
Pennsylvania.....	-375	163	-538	-.1	.0	
West Virginia.....	43	343	-300	-.1	-.1	
<u>Southeast</u> .....	4,000	6,854	-2,854	.0	.1	3,
Alabama.....	266	259	7	.1	.1	
Arkansas.....	302	302	0	.2	.2	
Florida.....	964	1,467	-503	.1	.4	
Georgia.....	816	816	0	.2	.2	
Kentucky.....	-253	-240	-13	-.1	-.1	
Louisiana.....	567	563	4	.1	.1	
Mississippi.....	109	192	-83	.0	.1	
North Carolina.....	457	641	-184	.0	.1	
South Carolina.....	42	-14	56	-.1	-.1	
Tennessee.....	817	596	221	.2	.1	
Virginia.....	-57	272	-359	-.1	.0	
<u>Southwest</u> .....	2,044	2,989	55	.2	.2	1,
Arizona.....	287	231	56	.0	-.1	
New Mexico.....	468	468	0	.5	.5	
Oklahoma.....	-39	-39	0	-.1	-.1	
Texas.....	2,328	2,329	-1	.2	.2	1,
<u>Central</u> .....	1,897	2,382	-1,485	-.1	.0	
Illinois.....	495	495	0	.0	.0	
Indiana.....	-72	18	-90	-.1	.0	
Iowa.....	-63	-76	13	.0	-.1	
Michigan.....	919	1,323	-404	.0	.1	
Minnesota.....	-371	-306	-65	-.2	-.2	
Missouri.....	153	153	0	.0	.0	
Ohio.....	1,040	1,516	-476	.1	.1	
Wisconsin.....	-204	259	-463	-.1	.0	
<u>Northwest</u> .....	-122	-280	187	-.1	-.1	
Colorado.....	-686	-689	3	-.8	-.7	
Idaho.....	85	45	40	.1	.1	
Kansas.....	123	123	0	.0	.0	
Montana.....	78	78	0	.0	.0	
Nebraska.....	90	90	0	.0	.0	
North Dakota.....	75	75	0	.1	.1	
South Dakota.....	70	-74	144	.0	-.2	
Utah.....	4	4	0	-.1	-.1	
Wyoming.....	-32	-32	0	-.1	-.1	
<u>Far West</u> .....	1,432	5,125	-3,692	-.1	.2	
California.....	1,355	4,434	-3,137	.0	.4	
Nevada.....	27	15	12	.1	.1	
Oregon.....	15	99	-84	.0	.1	
Washington.....	35	519	-484	-.2	.1	
<u>Territories</u> .....	1,260	1,638	-278	.4	.5	
Alaska.....	663	387	276	3.4	1.9	
Hawaii.....	244	793	-549	.7	1.7	
Puerto Rico.....	470	453	17	.1	.1	
Virgin Islands.....	-17	5	-22	-.6	.2	

State and socioeconomic region	Number of tuberculosis cases				Cases per 100,000 population			
	1952	1953	1954	1955	1952	1953	1954	1955
United States and Territories .....	92,210	88,919	83,558	80,764	58.1	55.1	50.9	48.2
United States .....	85,616	83,250	78,592	76,245	55.0	52.6	48.8	46.4
<u>New England</u> .....	<u>3,689</u>	<u>4,003</u>	<u>3,863</u>	<u>3,498</u>	<u>39.0</u>	<u>41.3</u>	<u>39.2</u>	<u>35.2</u>
Connecticut.....	935	798	673	577	44.5	36.9	30.3	25.7
Maine.....	380	367	290	303	43.0	40.2	31.2	33.5
Massachusetts.....	1,707	2,242	2,340	2,036	35.9	45.8	47.2	40.6
New Hampshire.....	149	135	118	110	27.7	25.6	22.2	19.2
Rhode Island.....	347	322	300	321	42.5	39.4	36.4	38.0
Vermont.....	171	139	142	151	46.0	36.9	36.9	39.9
<u>Middle East</u> .....	<u>22,688</u>	<u>22,633</u>	<u>19,582</u>	<u>19,476</u>	<u>61.9</u>	<u>61.7</u>	<u>52.6</u>	<u>50.4</u>
Delaware.....	149	211	235	165	44.1	58.9	64.0	42.6
District of Columbia.....	1,217	1,182	763	859	145.7	140.5	88.6	100.7
Maryland.....	1,821	1,735	1,772	1,752	72.4	68.3	68.1	65.6
New Jersey.....	2,234	2,308	2,104	2,139	43.8	44.9	40.1	39.5
New York.....	11,386	11,114	10,123	9,472	75.0	73.0	65.6	58.7
Pennsylvania.....	4,740	5,046	3,590	4,258	44.2	47.4	33.3	38.2
West Virginia.....	1,141	1,037	995	831	58.5	53.5	51.1	41.5
<u>Southeast</u> .....	<u>19,483</u>	<u>18,106</u>	<u>18,155</u>	<u>17,167</u>	<u>59.2</u>	<u>54.4</u>	<u>53.8</u>	<u>51.2</u>
Alabama.....	1,375	1,532	1,532	1,560	45.1	37.3	49.1	51.4
Arkansas.....	1,481	1,274	1,220	1,238	78.9	66.7	63.9	69.2
Florida.....	2,002	1,824	1,912	1,786	64.6	54.4	54.3	51.7
Georgia.....	1,947	1,868	1,737	1,533	55.4	52.1	47.5	42.3
Kentucky.....	2,276	2,211	2,498	2,135	78.1	75.2	83.4	71.0
Louisiana.....	1,754	1,604	1,568	1,348	62.1	55.6	53.6	46.1
Mississippi.....	1,139	1,162	1,007	914	52.4	53.2	45.7	43.3
North Carolina.....	1,565	1,487	1,602	1,415	37.4	35.5	37.7	33.0
South Carolina.....	862	887	954	925	40.5	40.4	42.6	40.5
Tennessee.....	2,131	2,208	2,010	1,939	65.4	66.3	59.8	56.7
Virginia.....	2,951	2,399	2,115	2,374	84.6	67.6	58.9	66.3
<u>Southwest</u> .....	<u>7,656</u>	<u>6,789</u>	<u>6,167</u>	<u>6,017</u>	<u>63.4</u>	<u>55.5</u>	<u>49.3</u>	<u>48.1</u>
Arizona.....	1,409	1,518	1,532	1,472	164.0	163.2	154.3	150.2
New Mexico.....	680	839	705	587	93.8	110.7	90.3	73.8
Oklahoma.....	1,165	1,180	1,095	980	51.4	52.4	48.3	45.2
Texas.....	4,402	3,252	2,835	2,978	53.5	39.2	33.5	34.8
<u>Central</u> .....	<u>19,825</u>	<u>19,418</u>	<u>18,804</u>	<u>18,873</u>	<u>48.1</u>	<u>46.7</u>	<u>44.3</u>	<u>43.4</u>
Illinois.....	4,481	4,706	5,030	5,813	50.2	52.3	54.9	62.1
Indiana.....	1,683	1,579	1,502	1,453	41.0	38.2	35.7	33.6
Iowa.....	506	458	423	364	19.1	17.6	16.0	13.5
Michigan.....	4,066	3,738	3,769	3,416	60.6	54.6	53.7	47.2
Minnesota.....	821	837	757	766	27.2	27.4	24.4	24.1
Missouri.....	2,086	2,115	1,886	1,795	51.4	51.6	45.4	43.5
Ohio.....	5,124	4,960	4,407	4,273	62.7	59.3	51.5	47.7
Wisconsin.....	1,058	1,025	1,030	993	29.9	29.1	28.8	26.9
<u>Northwest</u> .....	<u>2,101</u>	<u>2,051</u>	<u>1,937</u>	<u>2,185</u>	<u>25.3</u>	<u>24.7</u>	<u>22.9</u>	<u>25.2</u>
Colorado.....	495	509	453	407	34.6	36.0	31.1	26.3
Idaho.....	173	108	100	96	28.5	17.9	16.3	15.8
Kansas.....	461	378	399	584	23.0	18.8	19.8	28.3
Montana.....	192	222	229	321	32.5	36.2	36.5	50.7
Nebraska.....	225	265	235	283	16.4	19.7	17.2	20.5
North Dakota.....	206	214	171	146	34.3	34.5	26.9	22.7
South Dakota.....	140	163	151	145	21.1	24.8	22.6	21.4
Utah.....	153	124	139	139	20.8	16.9	18.4	17.8
Wyoming.....	56	68	60	64	18.2	22.2	19.2	20.9
<u>Far West</u> .....	<u>10,174</u>	<u>10,250</u>	<u>10,084</u>	<u>9,029</u>	<u>65.1</u>	<u>62.2</u>	<u>59.5</u>	<u>51.6</u>
California.....	8,232	8,094	7,904	7,267	72.3	66.4	63.0	55.8
Nevada.....	121	135	153	101	67.2	65.5	70.2	44.5
Oregon.....	598	538	601	581	37.5	33.6	36.7	34.4
Washington.....	1,223	1,483	1,426	1,080	49.6	59.8	56.1	42.6
<u>Territories</u> .....	<u>6,603</u>	<u>5,669</u>	<u>4,966</u>	<u>4,519</u>	<u>224.3</u>	<u>191.7</u>	<u>167.0</u>	<u>149.3</u>
Alaska.....	743	622	760	661	408.2	303.4	365.4	322.2
Hawaii.....	350	432	423	462	67.0	82.6	81.0	85.5
Puerto Rico.....	5,510	4,615	3,783	3,396	246.0	207.0	168.6	149.3

State and socioeconomic region	Existing mental facilities			Existing mental facilities			Acceptable mental health	
	Total	Mental hospitals	General hospitals	Total	Number	Per 1,000 pop.	Mental hospitals	
								Total
United States and Territories.	838 1/2	629	207	520,725	449,910	2.8	43	
United States.....	831 3/4	624	205	516,547	445,854	2.8	43	
<u>New England</u> .....	<u>58</u>	<u>52</u>	<u>6</u>	<u>40,857</u>	<u>32,072</u>	<u>2.4</u>	<u>2</u>	
Connecticut.....	17	14	3	10,372	8,447	3.9		
Maine.....	4	4	0	2,498	2,478	2.7		
Massachusetts.....	30	28	2	20,986	16,109	3.3	1	
New Hampshire.....	1	1	0	2,300	2,180	4.1		
Rhode Island.....	4	3	1	2,979	2,979	3.8		
Vermont.....	2	2	0	1,722	880	2.3		
<u>Middle East</u> .....	<u>167</u>	<u>125</u>	<u>42</u>	<u>159,160</u>	<u>138,121</u>	<u>2.7</u>	<u>13</u>	
Delaware.....	2	2	0	1,708	795	2.1		
District of Columbia.....	3	1	2	5,728	5,728	7.0		
Maryland.....	17	15	2	8,582	8,441	3.3		
New Jersey.....	26	19	7	19,977	18,969	3.6	1	
New York.....	64	45	19	81,865	71,663	4.7	6	
Pennsylvania.....	48	37	11	37,706	29,518	2.7	2	
West Virginia.....	7	6	1	3,594	3,077	1.6		
<u>Southeast</u> .....	<u>104</u>	<u>82</u>	<u>22</u>	<u>89,047</u>	<u>76,541</u>	<u>2.2</u>	<u>2</u>	
Alabama.....	5	5	0	3,821	3,821	1.2		
Arkansas.....	5	5	0	4,442	2,700	1.5		
Florida.....	15	10	5	9,401	9,177	2.7		
Georgia.....	9	9	0	11,456	11,456	3.2	1	
Kentucky.....	14	8	6	7,090	7,015	2.4		
Louisiana.....	10	4	6	12,354	8,954	3.1		
Mississippi.....	5	5	0	6,102	3,933	1.8		
North Carolina.....	13	12	1	9,672	9,672	2.3		
South Carolina.....	5	5	0	3,904	3,904	1.8		
Tennessee.....	13	11	2	9,164	8,878	2.7		
Virginia.....	10	8	2	11,641	7,031	2.1		
<u>Southwest</u> .....	<u>29</u>	<u>20</u>	<u>9</u>	<u>24,461</u>	<u>22,738</u>	<u>1.9</u>	<u>2</u>	
Arizona.....	4	1	3	1,804	1,544	1.6		
New Mexico.....	4	4	0	1,632	1,189	1.6		
Oklahoma.....	7	7	0	8,298	8,298	3.7		
Texas.....	24	18	6	12,727	12,707	1.5		
<u>Central</u> .....	<u>256</u>	<u>179</u>	<u>77</u>	<u>122,690</u>	<u>99,316</u>	<u>2.3</u>	<u>3</u>	
Illinois.....	38	21	17	28,439	21,041	2.3		
Indiana.....	14	12	2	9,139	6,282	1.5		
Iowa.....	15	9	6	8,424	3,344	1.3		
Michigan.....	31	23	8	20,931	14,065	2.0		
Minnesota.....	32	23	9	10,058	9,656	3.1		
Missouri.....	29	16	13	12,937	12,937	3.1		
Ohio.....	39	27	12	19,973	19,601	2.3		
Wisconsin.....	58	48	10	12,789	12,390	3.5		
<u>Northwest</u> .....	<u>50</u>	<u>29</u>	<u>21</u>	<u>25,040</u>	<u>21,406</u>	<u>2.6</u>	<u>2</u>	
Colorado.....	9	7	2	6,390	5,399	3.8		
Idaho.....	3	2	1	1,195	1,195	2.0		
Kansas.....	14	8	6	4,544	2,361	1.2		
Montana.....	3	1	2	1,976	1,976	3.1		
Nebraska.....	10	6	4	5,255	5,178	3.9		
North Dakota.....	3	1	2	1,818	1,818	2.9		
South Dakota.....	2	1	1	1,642	1,642	2.5		
Utah.....	5	2	3	1,448	1,065	1.4		
Wyoming.....	1	1	0	772	772	2.6		
<u>Pacific West</u> .....	<u>157 3/4</u>	<u>127</u>	<u>28</u>	<u>55,292</u>	<u>51,589</u>	<u>3.2</u>	<u>3</u>	
California.....	138 3/4	114	22	41,924	40,993	3.4		
Nevada.....	1	1	0	540	540	2.6		
Oregon.....	6	3	3	4,807	4,807	2.9		
Washington.....	12	9	3	8,021	7,249	2.9		
<u>Territories</u> .....	<u>7</u>	<u>5</u>	<u>2</u>	<u>4,178</u>	<u>4,056</u>	<u>1.4</u>	<u>1</u>	
Alaska.....	1	0	1	18	18	.1		

State and Economic region	Additional beds programmed				Total beds programmed				Bed assess- ment of rat
	Total Number	Per 1,000 pop.	In mental hospitals	In general hospitals 1/	Total Number	Per 1,000 pop.	In mental hospitals	In general hospitals 1/	
States and Territories..	123,991 3/	0.3	87,013	27,032	573,901 2/	3.5	525,769	33,246	237
D States.....	115,747 1/	.7	87,013	21,907	561,681 3/	3.5	521,649	33,035	235
Alaska.....	4,170	.4	3,815	355	37,743	3.3	36,450	793	11
Albany.....	0	0	0	0	8,447	3.9	8,367	80	2
Albany.....	325	.4	200	125	2,803	3.1	2,678	125	1
Albany.....	1,479	.3	1,179	0	17,498	3.6	17,190	298	7
Albany.....	460	.9	360	100	2,640	5.0	2,520	120	1
Albany.....	971	1.2	911	60	3,950	5.0	3,830	120	1
Albany.....	1,035	2.7	985	50	1,915	5.0	1,865	50	1
Albany.....	15,440	.4	13,412	2,028	153,631	4.1	147,747	5,884	33
Albany.....	1,165	2.9	1,165	0	1,900	5.0	1,900	0	1
Albany.....	0	0	0	0	5,728	7.0	5,453	275	1
Albany.....	0	0	0	0	8,441	3.3	8,242	199	4
Albany.....	7,200	1.4	6,320	900	26,189	5.0	25,081	1,108	1
Albany.....	5,177	.3	4,477	700	76,840	5.0	74,147	2,693	1
Albany.....	1,928	.2	1,510	418	31,456	2.9	29,885	1,571	22
Albany.....	0	0	0	0	3,077	1.6	3,039	38	6
Albany.....	45,967	1.4	43,976	1,991	122,408	3.7	119,632	2,776	42
Albany.....	7,477	.5	7,477	230	5,468	1.8	5,238	230	10
Albany.....	6,150	3.5	6,150	0	8,850	5.0	8,850	0	1
Albany.....	5,642	1.6	5,642	442	14,619	4.3	13,991	628	2
Albany.....	2,725	.8	2,725	0	14,181	4.0	14,181	0	3
Albany.....	1,000	.4	650	440	8,105	2.8	7,465	640	6
Albany.....	0	0	0	0	8,954	3.1	8,663	291	5
Albany.....	3,813	1.7	3,614	199	7,746	3.6	7,547	199	3
Albany.....	0	0	0	0	9,672	2.3	9,642	30	11
Albany.....	6,951	1.2	6,621	330	10,855	5.0	10,525	330	1
Albany.....	7,990	2.4	7,990	0	16,868	5.0	16,777	91	1
Albany.....	10,059	2.9	9,839	250	17,090	5.0	16,753	337	1
Albany.....	1,012	.4	4,812	200	28,750	2.4	28,171	579	32
Albany.....	1,150	1.3	1,000	150	2,694	2.8	2,509	184	2
Albany.....	250	.3	200	50	1,439	1.9	1,389	50	2
Albany.....	2,862	1.3	2,862	0	11,160	5.0	11,160	0	1
Albany.....	750	.1	750	0	13,457	1.6	13,122	335	27
Albany.....	31,309	.7	14,462	10,020	130,625	2.1	110,070 4/	13,225 4/	80
Albany.....	1,973	.2	0	1,973	23,014	2.5	20,164	2,850	22
Albany.....	900	.2	100	720	7,182	1.7	6,371	811	13
Albany.....	9,836	1.7	6,152	3,684	13,180	5.0	9,333	3,847	1
Albany.....	6,827 2/	1.0	--	--	20,892	3.0	13,546 4/	519 4/	14
Albany.....	3,993	1.3	2,765	1,228	13,649	4.4	11,999	1,650	1
Albany.....	850	.2	6	850	13,787	3.4	12,072	1,715	6
Albany.....	1,450	.2	1,450	0	21,051	2.5	20,558	493	21
Albany.....	5,480	1.5	3,915	1,565	17,870	5.0	16,027	1,843	1
Albany.....	2,774	.4	2,416	358	24,180	2.9	23,081	1,099	17
Albany.....	0	0	0	0	5,399	3.8	5,372	27	2
Albany.....	400	.7	400	0	1,595	2.6	1,575	20	1
Albany.....	0	0	0	0	2,361	1.2	2,040	321	7
Albany.....	445	.7	375	70	2,431	3.9	2,325	106	1
Albany.....	0	0	0	0	5,178	3.8	4,943	235	1
Albany.....	204	.3	204	0	2,022	3.2	1,989	33	1
Albany.....	532	.8	374	208	2,174	3.3	1,958	216	1
Albany.....	650	.9	630	50	1,715	2.3	1,594	121	2
Albany.....	533	1.8	513	20	1,305	4.3	1,285	20	1
Albany.....	11,174	.7	4,120	7,055	64,764	3.9	56,538	8,226	17
Albany.....	5,032	.6	0	5,032	46,025	5.8	40,016	6,009	19
Albany.....	505	2.4	405	100	1,045	5.0	945	100	1
Albany.....	3,363	2.1	1,865	1,498	8,170	5.0	6,577	1,593	2
Albany.....	3,374	.9	1,850	425	9,524	3.9	9,000	524	2
Albany.....	8,344	2.8	0	125	12,300	4.2	4,020 4/	161 4/	2
Albany.....	125	.3	0	125	143	.9	0	143	1
Albany.....	0	0	0	0	902	1.9	884	18	1
Albany.....	8,119 2/	3.6	--	--	11,340	5.0	3,121 4/	0	1
Albany.....	0	0	0	0	15 2/	.6	15 2/	0	1

1/Represents units of 10 beds or more which are assigned for the care of the mentally ill.  
 2/According to ratio prescribed by the Public Health Service Act: 5 beds per 1,000 population.  
 3/Includes beds that are programmed for the mentally ill in Michigan (6,027 beds) and Puerto Rico (8,119 beds),  
 which were not identified as to type of hospital facility.  
 4/Complete, exclusive.



State and socioeconomic region	Total admissions		Total patient days		Percent concu-pancy	In mental hospitals			In government	
	Number	Per 1,000 popu-lation	Number (thou.)	Per 1,000 popu-lation		Admissions	Patient days (thou.)	Average length of stay (days)	Percent concu-pancy	Ad-
United States and Territories ..	499,375	3.1	209,510	1,293	114.0	279,992	204,038	680	92.6	19
United States.....	497,049	3.1	207,380	1,308	113.9	298,235	202,913	680	92.6	19
New England.....	10,908	3.2	16,579	1,797	111.3	26,977	16,313	505	104.2	
Connecticut.....	8,172	3.8	3,526	1,619	93.3	5,612	3,504	624	75.3	
Maine.....	3,612	3.9	1,097	1,198	120.3	3,612	1,097	304	0	
Massachusetts....	14,475	3.0	8,943	1,823	116.9	13,827	8,713	630	112.7	
New Hampshire....	908	1.7	971	1,839	115.7	908	971	1,069	0	
Rhode Island....	2,378	3.0	1,324	1,676	123.0	1,575	1,310	832	63.9	
Vermont.....	1,443	3.8	718	1,875	114.2	1,443	718	498	0	
Middle East.....	117,824	3.2	67,619	1,826	123.1	62,156	66,611	963	82.4	
Delaware.....	543	1.4	680	1,789	109.1	543	680	1,252	0	
Dist. of Col. ..	5,398	6.6	1,957	2,387	95.7	1,042	1,904	1,827	95.5	
Maryland.....	5,604	2.2	3,785	1,501	122.6	5,224	3,751	718	46.8	
New Jersey.....	16,867	3.2	9,142	1,741	125.8	11,595	9,080	703	81.7	
New York.....	72,262	4.7	34,665	2,256	128.4	35,855	34,138	952	87.2	
Pennsylvania....	14,324	1.3	15,503	1,441	113.7	12,071	15,171	1,257	80.0	
West Virginia....	2,826	1.5	1,887	970	145.4	2,826	1,887	668	0	
Southwest.....	77,060	2.3	29,551	896	92.5	59,929	29,282	489	71.3	
Alabama.....	3,285	1.1	1,390	448	99.7	3,285	1,390	423	0	
Arkansas.....	3,474	2.0	1,837	1,038	113.3	3,474	1,837	529	0	
Florida.....	10,188	3.0	2,959	861	91.4	7,994	2,901	363	76.4	
Georgia.....	10,227	2.9	2,697	757	64.5	10,227	2,697	264	0	
Kentucky.....	13,286	4.5	2,961	1,011	115.3	5,503	2,900	527	83.6	
Louisiana.....	5,874	2.0	3,049	1,051	67.9	3,647	2,963	812	60.3	
Mississippi.....	4,512	2.1	1,981	909	94.6	4,512	1,981	439	0	
North Carolina..	6,342	1.5	3,303	794	93.6	5,988	3,294	550	82.2	
South Carolina..	2,401	1.1	2,188	1,008	154.5	2,401	2,188	911	0	
Tennessee.....	7,745	2.3	3,080	921	96.6	5,863	3,057	521	69.2	
Virginia.....	9,726	2.8	4,106	1,201	96.8	7,035	4,081	580	78.7	
Southwest.....	19,997	1.6	9,700	795	111.0	13,313	9,582	720	79.0	
Arizona.....	2,430	2.5	430	441	64.7	585	413	706	86.3	
New Mexico.....	986	1.3	420	559	93.4	986	420	426	0	
Oklahoma.....	3,957	1.8	2,909	1,303	96.0	3,957	2,909	735	0	
Texas.....	12,624	1.5	5,941	721	129.3	7,785	5,840	750	77.9	
Central.....	137,180	3.2	54,792	1,296	126.0	67,041	52,465	783	105.3	
Illinois.....	34,444	3.8	14,378	1,579	143.1	14,078	14,150	1,005	76.2	
Indiana.....	5,434	1.3	3,844	915	116.5	4,021	3,803	946	56.4	
Iowa.....	7,230	2.7	2,931	1,112	95.9	5,651	2,890	511	83.2	
Michigan.....	19,993	2.9	8,212	1,171	108.2	11,216	6,716	599	133.2	
Minnesota.....	11,580	3.7	4,306	1,390	119.6	7,797	4,207	540	80.5	
Missouri.....	20,118	4.9	4,996	1,214	109.4	3,452	4,748	1,375	85.9	
Ohio.....	26,153	3.1	10,523	1,233	146.3	12,627	10,402	824	61.2	
Wisconsin.....	12,248	3.4	5,602	1,567	132.0	8,199	5,549	677	72.2	
Northwest.....	40,224	5.0	9,581	1,198	110.5	14,154	9,307	658	84.8	
Colorado.....	5,665	4.0	2,128	1,494	91.3	4,855	2,105	434	123.6	
Idaho.....	1,241	2.0	461	761	107.0	1,068	459	430	27.4	
Kansas.....	10,378	5.3	2,504	1,270	157.9	1,876	2,434	1,297	78.6	
Montana.....	1,687	2.7	718	1,143	100.3	1,291	714	553	42.1	
Nebraska.....	16,944	12.8	1,934	1,459	101.0	2,402	1,785	743	99.1	
North Dakota....	1,198	1.9	768	1,209	132.0	677	762	1,126	59.7	
South Dakota....	980	1.5	556	851	92.7	628	553	881	102.7	
Utah.....	2,131	2.8	512	680	99.9	1,357	495	365	51.2	
Wyoming.....	--	--	--	--	--	--	--	--	0	
Far West.....	73,776	4.5	19,558	1,199	102.3	47,665	19,346	406	71.5	
California.....	60,606	5.0	15,116	1,238	103.2	39,399	14,945	379	70.0	
Nevada.....	--	--	--	--	--	--	--	--	0	
Oregon.....	4,754	2.9	1,647	1,008	95.0	3,381	1,634	483	80.9	
Washington.....	8,416	3.4	2,795	1,137	101.9	4,885	2,767	566	77.5	
Territories.....	2,326	.9	1,130	414	117.6	1,757	1,125	640	76.1	
Alaska.....	--	--	--	--	0	0	0	0	--	
Hawaii.....	995	2.1	432	893	116.3	426	427	1,002	76.1	

State and economics region	Not change in mental beds, 1948 to 1956					Hill-Burton Program		
	Number of beds		Bed population ratio		Total mental beds added	Estimated cost (thou.)		Federal share
	Total	Accept- able	Non- acceptable	Total	Accept- able	Total	Federal share	
United States and Territories.....	491,504	467,993	423,511	40.1	40.1	13,609	\$153,880	\$45,82
United States.....	89,484	65,944	23,540	.1	.0	12,109	143,529	39,91
Alaska.....	1,319	6,444	7,761	-.2	-1.0	218	1,504	32
Connecticut.....	3,092	1,167	1,925	1.2	.3	0	0	0
Delaware.....	-1,358	-1,378	20	-1.7	-1.7	16	94	52
Massachusetts.....	-137	-4,993	4,856	-.3	-1.3	32	73	20
New Hampshire.....	315	195	120	.5	.2	0	0	0
Rhode Island.....	-303	-303	0	-.7	-.7	150	1,017	11
Vermont.....	-290	-1,132	842	-1.0	-3.2	20	320	9
West Virginia.....	12,829	17,217	16,212	.2	.0	1,217	28,216	6,05
Alabama.....	454	-359	813	.2	-1.8	234	720	271
District of Columbia.....	567	3,161	-4,594	.7	3.9	0	0	0
Maryland.....	1,129	1,163	-34	-.4	-.4	81	4,598	54
New Jersey.....	5,832	4,824	1,008	.4	.2	973	14,217	3,14
New York.....	17,354	7,152	10,202	.6	.0	90	3,976	64
Pennsylvania.....	8,151	700	7,451	.5	-.2	37	873	28
West Virginia.....	342	876	-534	-.1	.3	502	3,832	1,16
Illinois.....	15,411	12,817	1,294	.1	.1	4,588	39,247	15,10
Alabama.....	-1,908	-1,908	0	-.9	-.9	169	834	49
Arkansas.....	-354	494	-848	-.1	.3	400	1,577	52
Florida.....	3,559	3,335	224	.1	.1	327	5,597	1,36
Georgia.....	2,105	2,105	0	.2	.2	36	705	20
Kentucky.....	-45	-37	-8	-.4	-.4	846	5,752	2,71
Louisiana.....	5,558	4,334	1,224	1.5	1.2	933	12,701	4,93
Mississippi.....	1,694	-475	2,169	.6	-.4	260	1,576	1,05
North Carolina.....	-451	226	-677	-.5	-.3	587	2,024	719
South Carolina.....	490	490	0	.0	.0	327	2,323	1,05
Tennessee.....	2,356	2,070	286	.3	.3	670	5,517	1,85
Virginia.....	2,407	3,183	-776	.1	.7	33	641	179
West Virginia.....	2,620	1,907	723	-.1	-.2	2,275	10,966	4,83
Arizona.....	554	294	260	.0	-.3	0	0	0
New Mexico.....	614	171	443	.3	-.3	15	259	107
Oklahoma.....	2,366	2,366	0	.8	.8	1,633	7,731	3,80
Texas.....	-504	-924	20	-.4	-.4	627	2,976	923
Central.....	19,696	25,987	-6,291	.1	.2	2,115	48,986	10,11
Illinois.....	6,120	7,690	-1,540	.1	.5	300	15,260	1,33
Indiana.....	753	-1,982	2,735	-.3	-.9	151	1,639	640
Iowa.....	2,338	331	2,107	.8	.1	327	4,798	946
Michigan.....	5,760	6,543	-783	.5	.8	214	6,173	639
Minnesota.....	2,414	2,471	-57	.5	.6	211	5,763	1,56
Missouri.....	1,052	1,052	0	.0	.0	434	6,671	2,75
Ohio.....	1,545	3,362	-1,817	-.2	.1	185	5,007	1,02
Wisconsin.....	-316	6,620	-6,936	-.5	1.7	293	3,675	1,20
Illinois.....	201	-3,189	2,570	-.2	-.9	602	8,440	2,62
Colorado.....	1,122	195	927	-.5	-1.1	24	950	102
Idaho.....	474	474	0	.5	.5	0	0	0
Kansas.....	-242	-2,425	2,183	-.4	-1.5	147	2,863	1,04
Montana.....	176	176	0	-.6	-.6	0	0	0
Nebraska.....	-955	-1,032	77	-.9	-1.0	165	1,849	529
North Dakota.....	-342	-342	0	-1.3	-1.3	204	1,084	284
South Dakota.....	-246	-246	0	-1.0	-1.0	0	0	0
Utah.....	328	-55	383	.0	-.5	62	1,694	661
Wyoming.....	66	66	0	.0	.0	0	0	0
West.....	16,218	16,349	-131	.3	.4	394	6,170	859
California.....	12,516	12,683	-167	.3	.5	144	4,601	547
Nevada.....	250	250	0	.5	.5	210	964	182
Oregon.....	508	508	0	-.1	-.1	20	284	90
Washington.....	2,944	2,908	36	.7	.7	20	321	40
Territories.....	2,020	2,042	-22	.6	.7	1,500	10,351	5,90
Alaska.....	18	18	0	.1	.1	0	0	0
Hawaii.....	215	213	2	.6	.6	0	0	0
Puerto Rico.....	1,803	1,803	0	.8	.8	1,500	10,351	5,90
Virgin Islands.....	-16	15	-31	-.5	.6	0	0	0

State and Socioeconomic region	Existing chronic disease beds				Additional beds programed		Number
	Total	Number	Per 1,000 pop.	Non- accept- able 1/	Number	Per 1,000 pop.	Number
United States and Territories..	48,564	42,311	0.26	6,253	140,766	0.87	181,071
United States.....	47,855	41,650	.26	6,235	136,475	.86	178,125
<u>New England.....</u>	<u>9,942</u>	<u>7,482</u>	<u>.77</u>	<u>2,460</u>	<u>3,217</u>	<u>.31</u>	<u>10,699</u>
Connecticut.....	2,667	1,816	.83	251	1,163	.53	2,979
Maine.....	113	31	.03	84	550	.60	591
Massachusetts.....	6,550	4,425	.90	2,125	646	.13	5,071
New Hampshire.....	0	0	0	0	528	1.60	528
Rhode Island.....	1,210	1,210	1.53	0	330	.42	1,540
Vermont.....	0	0	0	0	0	0	0
<u>Middle East.....</u>	<u>17,244</u>	<u>15,978</u>	<u>.43</u>	<u>1,266</u>	<u>51,329</u>	<u>1.39</u>	<u>67,337</u>
Delaware.....	697	555	1.46	142	183	.41	735
District of Columbia.....	50	50	.06	0	0	0	50
Maryland.....	2,152	2,152	.85	0	189	.07	3,332
New Jersey.....	3,194	2,784	.53	410	7,716	1.47	10,560
New York.....	8,849	8,621	.56	228	22,117	1.44	30,730
Pennsylvania.....	2,086	1,625	.15	461	19,885	1.85	21,510
West Virginia.....	216	191	.10	25	1,281	.66	1,472
<u>Southeast.....</u>	<u>4,657</u>	<u>4,182</u>	<u>.12</u>	<u>475</u>	<u>39,057</u>	<u>.91</u>	<u>34,239</u>
Alabama.....	0	0	0	0	6,200	2.00	6,200
Arkansas.....	116	116	.07	0	0	0	116
Florida.....	1,136	932	.27	204	2,162	.63	3,094
Georgia.....	428	400	.11	28	2,800	.79	3,200
Kentucky.....	312	312	.11	0	1,275	.44	1,587
Louisiana.....	544	544	.19	0	2,358	.81	2,902
Mississippi.....	27	0	0	27	200	.09	200
North Carolina.....	393	314	.08	84	2,760	.66	3,074
South Carolina.....	44	44	.02	0	3,353	1.54	3,397
Tennessee.....	1,298	1,166	.35	132	5,522	1.65	6,688
Virginia.....	354	354	.10	0	3,427	1.60	3,781
<u>Southwest.....</u>	<u>1,905</u>	<u>1,786</u>	<u>.15</u>	<u>119</u>	<u>2,070</u>	<u>.25</u>	<u>4,856</u>
Arizona.....	150	110	.11	40	320	.33	430
New Mexico.....	155	155	.21	0	650	.86	805
Oklahoma.....	681	681	.31	0	0	0	681
Texas.....	919	840	.10	79	2,163	.25	2,940
<u>Central.....</u>	<u>9,166</u>	<u>7,536</u>	<u>.18</u>	<u>1,630</u>	<u>29,804</u>	<u>.70</u>	<u>37,340</u>
Illinois.....	2,884	2,666	.29	218	14,071	1.55	16,737
Indiana.....	382	232	.06	150	1,070	.25	1,302
Iowa.....	805	805	.31	0	3,361	1.28	4,166
Michigan.....	478	428	.06	50	6,399	.91	6,827
Minnesota.....	508	508	.16	0	0	0	508
Missouri.....	1,515	763	.19	752	2,300	.56	3,063
Ohio.....	1,614	1,163	.14	451	0	0	1,163
Wisconsin.....	980	971	.27	9	2,603	.73	3,574
<u>Northwest.....</u>	<u>841</u>	<u>841</u>	<u>.10</u>	<u>0</u>	<u>1,971</u>	<u>.24</u>	<u>2,812</u>
Colorado.....	43	43	.03	0	0	0	43
Idaho.....	0	0	0	0	50	.08	50
Kansas.....	102	102	.05	0	75	.04	177
Montana.....	0	0	0	0	0	0	0
Nebraska.....	322	322	.24	0	855	.64	1,177
North Dakota.....	60	60	.09	0	200	.31	260
South Dakota.....	42	42	.06	0	611	.94	653
Utah.....	272	272	.36	0	180	.24	452
Wyoming.....	0	0	0	0	0	0	0
<u>Far West.....</u>	<u>4,100</u>	<u>3,845</u>	<u>.23</u>	<u>255</u>	<u>16,997</u>	<u>1.03</u>	<u>20,842</u>
California.....	3,657	3,402	.28	255	11,257	.92	14,659
Nevada.....	16	16	.08	0	402	1.92	418
Oregon.....	76	76	.05	0	3,192	1.95	3,268
Washington.....	351	351	.14	0	2,146	.87	2,497
<u>Territories.....</u>	<u>709</u>	<u>661</u>	<u>.22</u>	<u>48</u>	<u>4,285</u>	<u>1.47</u>	<u>4,946</u>
Alaska.....	0	0	0	0	75	.47	75
Hawaii.....	334	322	.67	12	0	0	322
Puerto Rico.....	322	286	.13	36	4,210	1.87	4,496
Virgin Islands.....	53	53	2.04	0	0	0	53

1/ As classified by the State Agencies on the basis of fire and health hazards.

2/ According to ratios prescribed by the Public Health Service Act: 2 beds per 1,000 population; except that, by regulations the standard is 1 bed per 1,000 population for certain areas.

State and socioeconomic region	Net change in chronic disease beds, 1948 to 1956					Hall-Burton Program		
	Number of beds			Bed population ratios		Total chronic disease beds added	Estimated cost (thou.) $\frac{1}{2}$	
	Total	Accept- able	Non- acceptable	Total	Accept- able		Total	Feder- al share
United States and Territories.	12,314	13,794	-1,480	40.04	40.06	9,603	\$158,930	\$37,740
United States.....	11,823	13,237	-1,414	.04	.05	9,441	157,209	36,640
England.....	6,817	4,357	2,460	.68	.43	1,109	23,838	2,400
Connecticut.....	1,602	1,351	251	.72	.60	189	2,395	1,000
Maine.....	-55	-139	84	-.06	-.16	65	532	0
Massachusetts.....	5,450	3,325	2,125	1.10	.66	771	16,389	2,400
New Hampshire.....	-198	-198	0	-.39	-.39	0	0	0
Rhode Island.....	18	18	0	-.09	.09	32	3,667	0
Vermont.....	0	0	0	0	0	52	855	0
Idaho East.....	5,463	5,496	-33	.11	.11	1,779	27,110	6,400
Delaware.....	461	319	142	1.02	.65	0	0	0
District of Columbia.....	-265	-120	-145	-.33	-.15	50	395	0
Maryland.....	-369	439	-808	-.42	-.01	530	4,190	0
New Jersey.....	892	482	410	.06	-.02	306	4,640	1,000
New York.....	3,684	3,456	228	.21	.19	345	8,739	1,000
Pennsylvania.....	844	729	115	.07	.06	251	3,899	1,000
West Virginia.....	216	191	25	.11	.10	297	5,247	1,000
Illinois.....	2,252	2,055	197	.05	.05	1,451	17,563	7,400
Alabama.....	0	0	0	0	0	80	910	0
Arkansas.....	116	116	0	.07	.07	0	0	0
Florida.....	643	482	161	.11	.07	269	2,619	1,000
Georgia.....	-657	-685	28	-.23	-.24	0	0	0
Kentucky.....	89	312	-223	.02	.11	262	1,598	0
Louisiana.....	544	544	0	.19	.19	333	6,406	1,000
Mississippi.....	-110	-125	15	-.06	-.06	0	0	0
North Carolina.....	238	154	84	.06	.04	120	1,309	0
South Carolina.....	-16	-16	0	-.01	-.01	51	558	0
Tennessee.....	1,051	919	132	.30	.26	292	3,950	1,000
Virginia.....	354	354	0	.10	.10	44	613	0
Utah.....	-214	-167	-47	-.05	-.04	515	12,366	2,400
Arizona.....	42	66	-24	-.02	.04	10	234	0
New Mexico.....	115	115	0	.14	.14	48	515	0
Oklahoma.....	681	681	0	.31	.31	43	784	0
Texas.....	-1,052	-1,029	-23	-.17	-.17	414	11,833	2,400
Calif.....	2,767	4,483	-1,716	.07	.10	3,335	59,486	12,400
Illinois.....	2,496	2,278	218	.27	.21	712	12,957	2,400
Indiana.....	303	153	150	.07	.04	243	3,231	0
Iowa.....	805	805	0	.31	.31	251	4,690	1,000
Michigan.....	-514	-444	-70	-.09	-.08	79	1,280	0
Minnesota.....	110	299	-189	.02	.09	431	5,966	1,000
Missouri.....	434	-318	752	.08	-.10	422	8,396	2,400
Ohio.....	1,005	1,163	-158	.11	.14	836	10,370	2,400
Wisconsin.....	-872	547	-1,419	-.32	.14	331	12,596	1,000
Wyoming.....	529	239	0	.06	.06	417	6,096	1,000
Colorado.....	12	12	0	.00	.00	25	990	0
Idaho.....	-163	-163	0	-.35	-.35	37	243	0
Kansas.....	102	102	0	.05	.05	124	1,097	0
Montana.....	0	0	0	0	0	23	294	0
Nebraska.....	322	322	0	.24	.24	25	394	0
North Dakota.....	-48	-48	0	-.12	-.12	103	2,328	0
South Dakota.....	42	42	0	.06	.06	0	0	0
Utah.....	272	272	0	.36	.36	80	750	0
Wyoming.....	0	0	0	0	0	0	0	0
California.....	-6,801	-3,526	-3,275	-.58	-.33	835	9,350	1,000
Nevada.....	-1,625	-32	-1,593	-.25	-.08	589	8,334	1,000
Oregon.....	16	16	0	.08	.08	20	150	0
Washington.....	76	76	0	.05	.05	0	0	0
Washington.....	-5,268	-3,586	-1,682	-2.74	-1.87	226	866	0
Alaska.....	491	557	-66	.16	.19	162	1,721	0
Alaska.....	-44	-44	0	-.50	-.50	0	0	0
Hawaii.....	220	322	-102	.47	.67	40	540	0
Hawaii.....	0	0	0	.11	.10	122	1,181	0

State and socioeconomic region	adopted (per 1,000 pop.)	Total	Number	Per 1,000 population	Non- acceptable <sup>2/</sup>	Number	Per 1,000 population	beds pro- grammed
United States and Territories.....	xx	217,577	114,717	0.71	102,860	274,086	1.69	388,803
United States.....	xx	217,375	114,565	.72	102,810	271,347	1.71	385,912
New England.....	xx	24,720	5,256	.54	19,464	24,375	2.51	29,631
Connecticut.....	3.0	5,388	2,256	1.04	3,132	4,278	1.96	6,534
Maine.....	3.0	1,095	0	0	1,095	2,748	3.00	2,748
Massachusetts.....	3.0	13,278	298	.06	12,980	14,450	2.94	14,718
New Hampshire.....	4.0	1,940	470	.89	1,470	1,642	3.11	2,112
Rhode Island.....	3.0	2,202	2,191	2.77	11	179	.33	2,370
Vermont.....	3.0	817	41	.11	776	1,108	2.89	1,149
Middle East.....	xx	49,573	24,079	.65	25,494	62,937	1.72	88,016
Delaware.....	1.0	184	184	.48	0	196	.52	380
Dist. of Columbia	2.0	1,048	1,026	1.25	22	614	.75	1,640
Maryland.....	1.5	3,242	844	.33	2,398	2,939	1.17	3,783
New Jersey.....	3.0	3,662	231	.04	3,431	15,522	2.96	15,753
New York.....	2.0	31,950	15,040	.98	16,910	15,696	1.02	30,736
Pennsylvania.....	3.0	8,299	5,573	.52	2,726	26,692	2.48	32,265
West Virginia.....	2.0	1,188	1,181	.61	7	2,278	1.17	3,459
Southeast.....	xx	19,769	14,966	.65	4,803	52,955	1.67	70,021
Alabama.....	2.0	1,134	717	.23	417	5,483	1.77	6,200
Arkansas.....	3.0	1,627	515	.29	1,112	4,795	2.71	5,310
Florida.....	3.0	4,309	3,402	.99	907	5,795	1.69	9,197
Georgia.....	3.0	1,975	1,048	.29	927	8,647	2.43	9,695
Kentucky.....	1.0	1,279	992	.34	287	1,980	.68	2,972
Louisiana.....	3.0	3,120	3,112	1.07	8	5,591	1.93	8,703
Mississippi.....	1.0	633	350	.16	283	1,008	.46	1,358
North Carolina.....	3.0	119	119	.03	0	17,367	2.97	12,486
South Carolina.....	1.0	640	90	.04	550	2,001	.96	2,171
Tennessee.....	2.0	1,522	1,210	.36	312	5,478	1.64	6,688
Virginia.....	2.0	3,411	3,411	1.00	0	1,830	.54	5,241
Southwest.....	xx	8,005	2,371	.44	2,634	30,607	2.51	32,978
Arizona.....	1.0	309	107	.11	202	719	.74	826
New Mexico.....	2.0	503	433	.58	70	1,071	1.42	1,504
Oklahoma.....	4.0	991	904	.41	87	8,024	3.59	8,928
Texas.....	3.0	6,202	3,927	.48	2,275	20,793	2.52	24,720
Central.....	xx	76,228	41,408	.98	34,820	62,902	1.49	104,310
Illinois.....	2.5	15,873	2,822	.31	13,051	19,822	2.18	22,644
Indiana.....	3.0	7,343	7,343	1.75	0	2,190	.52	9,533
Iowa.....	3.0	16,660	2,014	.76	14,646	5,894	2.24	7,908
Michigan.....	2.0	5,742	2,967	.42	2,775	11,053	1.58	14,020
Minnesota.....	4.0	6,197	3,399	1.10	2,798	7,753	2.50	11,152
Missouri.....	1.0	3,245	3,180	.77	65	698	.17	3,878
Ohio.....	3.0	13,140	13,140	1.54	0	12,465	1.46	25,605
Wisconsin.....	3.0	8,028	6,543	1.83	1,485	3,027	.85	9,570
Northwest.....	xx	7,783	5,049	.61	2,734	15,406	1.86	20,455
Colorado.....	3.0	2,519	2,187	1.55	332	1,478	1.04	3,665
Idaho.....	3.0	807	184	.30	623	1,370	2.26	1,554
Kansas.....	1.0	387	0	0	387	1,972	1.00	1,972
Montana.....	3.0	1,086	996	1.59	90	884	1.41	1,880
Nebraska.....	3.5	892	603	.44	289	3,417	2.58	4,020
North Dakota.....	3.0	362	328	.52	34	1,577	2.48	1,905
South Dakota.....	4.0	391	192	.29	199	2,419	3.70	2,611
Utah.....	3.0	644	481	.64	163	1,462	1.94	1,943
Wyoming.....	3.0	695	78	.26	617	827	2.74	905
Far West.....	xx	21,297	18,436	1.12	12,861	19,065	1.15	27,501
California.....	1.8	16,710	12,399	1.02	4,311	9,585	.78	21,984
Nevada.....	3.0	247	247	1.18	0	380	1.82	627
Oregon.....	3.0	4,676	1,158	.71	3,518	3,744	2.29	4,902
Washington.....	4.0	9,664	4,632	1.86	5,032	5,356	2.18	9,988
Territories.....	xx	202	152	.05	50	2,739	.95	2,891
Alaska.....	1.0	55	42	.26	13	117	.74	159
Hawaii.....	1.0	67	67	.14	0	417	.86	484
Puerto Rico.....	1.0	80	43	.02	37	2,205	.98	2,248
Virgin Islands.....	--	--	--	--	--	--	--	--

1/ According to standards prescribed by Regulations, under the Public Health Service Act: Not less than 1 bed per 1,000 population and not more than 3 beds per 1,000 population, at the option of the State; or not to exceed 5 beds per 1,000 population, provided the total of nursing home beds and chronic disease beds is planned not to exceed 5 beds per 1,000 population.

2/ As classified by the State Agencies on the basis of fire and health hazards.

Monte Island.....	105	2,007	61.2	33.7	5.1	0	99.2	100.0	100.0
Vermont.....	47	817	90.2	9.8	0	0	1.6	36.3	0
Dale Pant.....	1,409	49,573	59.5	18.6	21.9	0	24.1	75.5	92.1
Delaware.....	6	104	51.1	78.9	0	0	100.0	100.0	0
District of Columbia.....	21	1,048	13.9	52.7	33.4	0	84.9	100.0	100.0
Maryland.....	137	3,242	87.8	11.0	1.2	0	21.3	65.2	17.1
New Jersey.....	132	3,662	92.7	7.3	0	0	5.6	15.0	0
New York.....	893	31,950	58.9	21.3	19.8	0	22.8	76.6	87.1
Pennsylvania.....	170	8,277	38.1	12.8	49.1	0	23.6	71.1	100.0
West Virginia.....	50	1,188	88.7	4.7	6.6	0	99.3	100.0	100.0
Michigan.....	762	19,782	76.0	15.7	8.3	0	77.1	62.1	89.1
Alabama.....	37	1,134	47.4	30.5	22.0	0	35.5	79.8	100.0
Arkansas.....	64	1,637	72.3	11.8	15.9	0	23.7	10.4	83.1
Florida.....	158	4,309	84.1	7.9	8.0	0	78.8	92.9	66.1
Georgia.....	62	1,975	58.6	41.4	0	0	78.7	16.9	0
Kentucky.....	48	1,279	82.1	17.9	0	0	77.7	76.9	0
Louisiana.....	93	3,120	79.8	14.1	6.1	0	99.7	100.0	100.0
Mississippi.....	35	633	74.1	22.9	3.0	0	53.1	69.7	0
North Carolina.....	5	119	55.5	17.6	26.9	0	100.0	100.0	100.0
South Carolina.....	30	640	80.3	19.7	0	0	17.5	0	0
Tennessee.....	86	1,552	95.9	4.1	0	0	79.2	87.3	0
Virginia.....	151	3,411	72.8	11.2	16.0	0	100.0	100.0	100.0
Utah.....	349	8,005	89.3	12.4	4.3	0	65.1	74.6	84.1
Arizona.....	13	309	83.2	0	16.8	0	41.6	0	0
New Mexico.....	23	503	60.0	0	40.0	0	70.8	0	100.0
Oklahoma.....	42	991	78.1	13.0	8.9	0	91.2	85.3	100.0
Texas.....	271	7,202	86.1	13.9	0	0	61.7	73.0	0
Central.....	2,774	76,228	49.5	16.4	15.1	19.0	59.0	83.4	76.1
Illinois.....	500	15,873	65.4	13.3	21.3	0	4.6	33.9	48.1
Indiana.....	308	7,343	91.3	2.9	5.8	0	100.0	100.0	100.0
Iowa.....	250	16,660	1.9	6.6	4.5	87.0	—	—	—
Michigan.....	116	5,742	36.9	5.1	58.1	0	13.4	96.6	72.1
Minnesota.....	262	6,297	81.6	25.3	13.1	0	40.8	70.8	90.1
Missouri.....	79	3,245	86.2	12.3	1.5	0	97.7	100.0	100.0
Ohio.....	120	13,140	53.4	36.1	10.5	0	100.0	100.0	100.0
Wisconsin.....	119	8,028	57.5	25.4	17.2	0	68.7	97.9	100.0
Northwest.....	349	7,783	60.8	18.5	20.7	0	58.9	84.9	64.1
Colorado.....	117	2,519	80.7	14.5	5.0	0	83.9	100.0	95.1
Idaho.....	30	807	76.6	12.9	10.5	0	12.9	100.0	0
Kansas.....	21	387	54.8	35.9	9.3	0	0	0	0
Montana.....	36	1,084	33.6	0	66.4	0	85.8	0	98.1
Nebraska.....	33	892	57.4	40.9	1.7	0	51.0	89.6	100.0
North Dakota.....	20	362	30.9	55.5	13.5	0	69.6	100.0	100.0
South Dakota.....	16	391	56.8	43.2	0	0	22.5	84.0	0
Utah.....	29	644	48.6	9.0	42.4	0	95.8	100.0	4.1
Wyoming.....	52	695	50.1	5.8	44.2	0	0	65.0	14.1
West.....	1,150	31,297	74.3	9.0	16.7	0	52.1	78.6	78.1
California.....	636	16,710	66.0	8.7	25.3	0	68.6	88.4	87.1
Nevada.....	13	247	51.8	0	48.2	0	100.0	0	100.0
Oregon.....	177	4,676	82.7	5.2	12.1	0	21.9	73.7	21.1
Washington.....	324	9,664	85.3	11.5	3.2	0	43.4	66.9	100.0
Washington.....	6	202	18.1	60.4	20.8	0	12.4	42.1	20.1
Alaska.....	2	55	23.6	0	76.4	0	0	0	76.1
Hawaii.....	2	67	37.3	62.7	0	0	37.3	62.7	0
Puerto Rico.....	2	80	0	100.0	0	0	0	53.8	0
Virgin Islands.....	—	—	—	—	—	—	—	—	—

/ Includes an estimate of the total number of homes in Iowa. Of the total 16,660 beds in the State, only 2,169 beds in 24 homes were reported by type of ownership.

NOTE: A dash (—) indicates that data are not available.

United States and Territories .....	411	5.0	1,508	2,319	14
United States .....	762	4.8	1,459	2,221	14
<u>New England</u> .....	<u>32</u>	<u>3.3</u>	<u>51</u>	<u>81</u>	<u>8</u>
Connecticut.....	9	4.1	4	13	6
Maine.....	0	0	10	10	10
Massachusetts.....	16	3.3	32	48	9
New Hampshire.....	0	0	0	0	0
Rhode Island.....	7	8.9	0	7	8
Vermont.....	0	0	5	5	13
<u>Middle East</u> .....	<u>67</u>	<u>1.8</u>	<u>298</u>	<u>465</u>	<u>12</u>
Delaware.....	0	0	5	5	13
District of Columbia.....	1	1.2	1	2	2
Maryland.....	17	6.7	2	19	7
New Jersey.....	1	.2	169	170	32
New York.....	30	2.0	158	188	12
Pennsylvania.....	13	1.2	46	59	5
West Virginia.....	5	2.6	17	22	11
<u>Southeast</u> .....	<u>382</u>	<u>11.6</u>	<u>340</u>	<u>722</u>	<u>21</u>
Alabama.....	39	12.6	34	63	20
Arkansas.....	11	6.2	21	32	18
Florida.....	13	3.8	25	38	11
Georgia.....	26	7.3	12	38	10
Kentucky.....	36	12.3	51	89	30
Louisiana.....	40	13.8	28	69	23
Mississippi.....	44	20.2	15	59	27
North Carolina.....	70	16.8	31	101	24
South Carolina.....	26	12.0	20	46	21
Tennessee.....	39	11.7	59	98	29
Virginia.....	38	11.1	52	90	26
<u>Southwest</u> .....	<u>41</u>	<u>3.4</u>	<u>60</u>	<u>101</u>	<u>8</u>
Arizona.....	3	3.1	6	9	9
New Mexico.....	11	14.6	5	16	21
Oklahoma.....	8	3.6	17	25	11
Texas.....	19	2.3	32	51	6
<u>Central</u> .....	<u>123</u>	<u>2.2</u>	<u>422</u>	<u>616</u>	<u>14</u>
Illinois.....	5	.5	299	304	33
Indiana.....	2	.5	35	37	8
Iowa.....	1	.4	25	26	9
Michigan.....	37	5.3	23	60	8
Minnesota.....	2	.6	9	11	3
Missouri.....	15	3.6	36	51	12
Ohio.....	61	7.1	22	83	9
Wisconsin.....	0	0	44	44	12
<u>Northwest</u> .....	<u>20</u>	<u>2.6</u>	<u>74</u>	<u>104</u>	<u>12</u>
Colorado.....	4	2.8	14	18	13
Idaho.....	3	5.0	3	6	9
Kansas.....	7	3.5	16	23	11
Montana.....	1	1.6	12	13	20
Nebraska.....	4	3.0	7	11	8
North Dakota.....	6	9.4	0	6	9
South Dakota.....	1	1.5	11	12	18
Utah.....	3	4.0	6	9	12
Wyoming.....	1	3.3	5	6	19
<u>Far West</u> .....	<u>87</u>	<u>5.3</u>	<u>42</u>	<u>130</u>	<u>7</u>
California.....	61	5.0	27	88	7
Nevada.....	2	9.6	1	3	14
Oregon.....	12	7.3	8	20	12
Washington.....	12	4.9	7	19	7
<u>Territories</u> .....	<u>49</u>	<u>16.8</u>	<u>49</u>	<u>98</u>	<u>22</u>
Alaska.....	5	31.4	1	6	37
Hawaii.....	4	8.3	12	16	33
Puerto Rico.....	40	17.8	35	75	33
Virgin Islands.....	0	0	1	1	38

- 1/ As classified by the State Agencies on the basis of fire and health hazards.  
2/ According to ratios prescribed by the Public Health Service Act: Not to exceed  
1 primary public health center per 30,000 population (or 1 per 20,000  
population when State population density is less than 12 per sq. mi.).

Table 22. PUBLIC HEALTH CENTERS: Existing AUXILIARY CENTERS 1/ and additional and total centers programmed, by State and socioeconomic region, July 1, 1956

State and socioeconomic region	Existing auxiliary centers 1/		Additional centers programmed	Total centers programmed	
	Number	Per million population		Number	Per million population
United States and Territories.....	1,019	6.5	1,018	2,067	12.1
United States.....	890	5.6	987	1,877	11.7
Alaska.....	0	0	12	12	1.2
Connecticut.....	0	0	0	0	0.0
Maine.....	0	0	0	0	0.0
Massachusetts.....	0	0	0	0	0.0
New Hampshire.....	0	0	0	0	0.0
Rhode Island.....	0	0	0	0	0.0
Vermont.....	0	0	12	12	3.1
Delaware.....	428	12.4	60	518	14.8
District of Columbia.....	0	0	0	0	0.0
Maryland.....	22	26.8	0	22	26.8
New Jersey.....	148	58.7	0	148	58.7
New York.....	0	0	0	0	0.0
Pennsylvania.....	288	18.7	0	288	18.7
West Virginia.....	0	0	0	0	0.0
Alabama.....	0	0	60	60	30.0
Arkansas.....	229	7.2	570	809	24.2
California.....	9	2.9	20	29	9.0
Florida.....	4	2.3	41	45	29.0
Georgia.....	24	7.0	144	168	48.0
Kentucky.....	70	19.7	79	149	41.0
Louisiana.....	4	1.4	27	31	10.0
Mississippi.....	13	4.5	0	13	4.5
Missouri.....	21	9.6	0	21	9.6
North Carolina.....	3	.7	7	10	2.0
South Carolina.....	65	29.9	178	243	111.0
Tennessee.....	26	7.8	74	100	29.0
Virginia.....	0	0	0	0	0.0
Washington.....	25	4.5	72	127	18.0
Arizona.....	4	4.1	13	17	17.0
New Mexico.....	21	35.9	16	43	57.0
Oklahoma.....	15	6.7	27	42	18.0
Texas.....	9	1.1	16	25	3.0
Utah.....	41	1.0	45	86	2.0
Illinois.....	0	0	0	0	0.0
Indiana.....	1	.2	0	1	.2
Iowa.....	0	0	0	0	0.0
Michigan.....	14	2.0	0	14	2.0
Minnesota.....	0	0	1	1	.1
Missouri.....	0	0	0	0	0.0
Ohio.....	25	2.9	0	25	2.9
Wisconsin.....	1	.3	44	45	11.0
Idaho.....	22	2.7	130	152	18.0
Colorado.....	3	2.1	26	29	28.0
Idaho.....	16	26.4	13	29	44.0
Kansas.....	0	0	1	1	.1
Montana.....	0	0	1	1	.1
Nebraska.....	0	0	85	85	6.0
North Dakota.....	0	0	0	0	0.0
South Dakota.....	1	1.5	0	1	1.5
Utah.....	2	2.7	0	2	2.7
Wyoming.....	0	0	4	4	1.0
West.....	75	4.5	98	173	14.0
California.....	45	3.7	72	117	11.0
Nevada.....	0	0	0	0	0.0
Oregon.....	5	3.1	13	18	1.0
Washington.....	25	10.2	13	38	1.0
Washington.....	25	10.2	13	38	1.0
Washington.....	159	54.5	31	190	6.0
Alaska.....	21	132.1	1	22	132.1
Alaska.....	21	2.1	26	27	2.7



Socioeconomic region	Primary centers	Auxiliary centers	Health center available 1/	Estimated cost (thous.) Total	Federal share
United States and Territories.....	332	336	546 (82)	\$74,093 2/	\$25,274
United States.....	325	194	539 (64)	72,930	24,577
New England.....	-17	-1	5	2,403	628
Connecticut.....	-22	0	2	42	17
Maine.....	0	0	0	0	0
Massachusetts.....	5	-1	3	2,361	612
New Hampshire.....	0	0	0	0	0
Rhode Island.....	0	0	0	0	0
Vermont.....	0	0	0	0	0
Middle East.....	-7	57	18 (3)	6,524	930
Delaware.....	0	0	0	0	0
District of Columbia.....	0	22	0	0	0
Maryland.....	-1	35	11 (1)	3,463	455
New Jersey.....	1	0	1	36	14
New York.....	0	0	3 (2)	574	164
Pennsylvania.....	-9	0	0	0	0
West Virginia.....	2	0	3	2,451	297
Southeast.....	242	64	446 (25)	24,342	16,234
Alabama.....	5	7	21 (3)	7,379	2,377
Arkansas.....	6	4	0 (1)	0	0
Florida.....	10	8	20 (1)	1,657	846
Georgia.....	14	58	93 (1)	8,105	3,164
Kentucky.....	28	-84	36 (1)	2,447	1,478
Louisiana.....	40	13	46	4,286	1,994
Mississippi.....	13	6	42 (6)	2,488	1,277
North Carolina.....	58	3	68	3,834	1,534
South Carolina.....	18	60	68 (2)	2,833	1,397
Tennessee.....	27	-8	25 (7)	1,604	83
Virginia.....	23	-3	28 (3)	2,689	1,344
Southwest.....	8	20	22 (7)	5,449	2,321
Arizona.....	0	3	0	0	0
New Mexico.....	2	14	1	60	3
Oklahoma.....	1	13	12 (7)	1,377	54
Texas.....	5	0	9	4,252	1,744
Central.....	62	23	12 (18)	16,347	2,244
Illinois.....	4	—	3 (1)	515	8
Indiana.....	1	1	1 (2)	19	0
Iowa.....	0	0	0	0	0
Michigan.....	-8	-3	4 (3)	9,244	34
Minnesota.....	1	0	4	3,127	80
Missouri.....	4	0	2	940	33
Ohio.....	61	25	3 (12)	2,302	68
Wisconsin.....	-1	0	0	0	0
Northwest.....	2	17	8 (7)	1,368	577
Colorado.....	2	3	4 (3)	426	18
Idaho.....	1	16	2 (3)	149	7
Kansas.....	-9	0	1 (1)	727	29
Montana.....	0	0	0	0	0
Nebraska.....	2	-4	0	0	0
North Dakota.....	4	0	0	0	0
South Dakota.....	1	1	0	0	0
Utah.....	1	1	1	66	2
Wyoming.....	0	0	0	0	0
Pacific West.....	35	4	23 (4)	6,677	1,644
California.....	28	-10	17 (3)	4,940	1,404
Nevada.....	2	0	0	0	0
Oregon.....	0	2	1 (1)	353	8
Washington.....	5	12	5	1,404	16
Territories.....	7	132	7 (18)	1,152	69
Alaska.....	-10	19	3	318	15
Hawaii.....	1	-21	1	41	2
Puerto Rico.....	16	134	3 (18)	794	51
Virgin Islands.....	0	0	0	0	0

1/ Includes some projects for remodeling or equipment only.

2/ Represents the costs of the 546 health center projects; does not include the costs of the 82 projects built in combination with general hospitals.

Note: Figures in parentheses indicate additional Public Health Centers built in combination with General Hospitals.

State and socioeconomic region	Number of existing centers				Additional centers programmed 2/	Total centers programmed	Maxi- allo- by S rati
	Total	Acceptable	Non- acceptable 1/	Unclassified			
United States and Territories....	5,937	2,922	848	2,167	1,372	4,294	16,
United States.....	5,787	2,849	837	2,101	1,319	4,168	15,
Alaska.....	442	167	156	126	173	340	
Albania.....	102	48	16	38	78	126	
Algeria.....	65	9	14	42	4	13	
Albania.....	188	68	120	0	66	134	
Albania.....	35	7	4	24	21	28	
Albania.....	31	31	0	0	2	33	
Albania.....	28	4	2	22	2	6	
Albania.....	1,263	624	225	504	216	850	2,
Albania.....	16	12	3	1	6	18	
Albania.....	18	18	0	0	0	18	
Albania.....	80	62	18	0	2	64	
Albania.....	194	95	73	26	21	116	
Albania.....	561	188	39	334	67	255	1,
Albania.....	421	193	92	136	83	276	1,
Albania.....	73	66	0	7	37	103	
Albania.....	283	280	91	512	520	900	2,
Albania.....	161	81	77	3	105	186	
Albania.....	1	1	0	0	10	11	
Albania.....	59	25	4	30	118	143	
Albania.....	136	38	0	98	35	73	
Albania.....	120	8	0	112	1	9	
Albania.....	44	44	0	0	6	50	
Albania.....	46	7	0	39	44	51	
Albania.....	154	54	4	96	49	103	
Albania.....	60	4	1	55	50	54	
Albania.....	59	31	5	23	84	115	
Albania.....	143	87	0	56	18	105	
Albania.....	183	132	11	40	67	199	1,
Albania.....	26	20	6	0	1	21	
Albania.....	18	17	0	1	7	24	
Albania.....	14	12	2	0	2	14	
Albania.....	125	83	3	39	57	140	
Albania.....	1,711	888	181	662	183	1,071	4,
Albania.....	146	115	31	0	44	159	
Albania.....	137	108	29	0	39	147	
Albania.....	204	110	30	64	0	110	
Albania.....	249	148	71	10	33	181	
Albania.....	472	--	--	472	--	--	
Albania.....	127	81	3	43	5	86	
Albania.....	211	200	11	0	5	205	
Albania.....	205	126	6	73	57	183	
Albania.....	562	228	127	207	73	303	
Albania.....	102	49	53	0	37	86	
Albania.....	51	41	10	0	0	41	
Albania.....	148	58	15	75	2	60	
Albania.....	22	17	1	4	9	26	
Albania.....	106	7	1	98	15	22	
Albania.....	32	2	0	30	1	3	
Albania.....	34	28	6	0	9	37	
Albania.....	37	24	13	0	0	24	
Albania.....	30	2	28	0	2	4	
Albania.....	516	420	46	50	85	505	1,
Albania.....	420	380	40	0	63	443	1,
Albania.....	2	2	0	0	12	14	
Albania.....	51	2	0	49	2	4	
Albania.....	43	36	6	1	8	44	
Albania.....	150	73	11	66	53	126	
Albania.....	5	3	0	2	6	9	
Albania.....	81	19	0	64	2	21	
Albania.....	62	51	11	0	45	96	
Albania.....	--	--	--	--	--	--	

Table 25. DIAGNOSTIC OR TREATMENT CENTERS: Number of existing centers providing specified types of services, by State and socioeconomic region, July 1, 1956

State and socioeconomic region	Total existing centers	Number of existing centers, by type of service				
		General	Cancer	Dental	Dental hygiene	Ortho- pedic
United States and Territories.....	5,937	3,507	942	768	851	1,077
United States.....	5,787	3,377	935	767	844	1,050
<u>New England</u> .....	449	385	133	78	51	141
Connecticut.....	102	16	25	15	12	20
Maine.....	65	57	15	15	7	27
Massachusetts.....	188	81	42	39	20	70
New Hampshire.....	35	1	9	0	6	9
Rhode Island.....	31	10	3	5	2	8
Vermont.....	28	20	9	4	1	13
<u>Middle East</u> .....	1,363	505	222	192	447	241
Delaware.....	16	1	5	1	1	9
District of Columbia.....	18	14	12	12	7	12
Maryland.....	80	37	31	20	10	39
New Jersey.....	194	67	47	40	17	56
New York.....	561	131	34	51	290	18
Pennsylvania.....	421	183	77	54	70	82
West Virginia.....	73	65	18	11	4	31
<u>Southeast</u> .....	983	454	136	112	61	148
Alabama.....	161	136	9	16	6	17
Arkansas*.....	1	1	1	1	1	1
Florida.....	59	13	23	6	15	9
Georgia.....	136	85	29	38	12	26
Kentucky.....	120	82	13	33	4	6
Louisiana.....	44	43	3	10	5	8
Mississippi.....	46	7	5	0	0	5
North Carolina.....	154	53	25	4	9	31
South Carolina.....	60	10	9	3	5	20
Tennessee.....	59	15	2	0	3	3
Virginia.....	143	11	17	8	8	22
<u>Southwest</u> .....	182	57	45	24	19	61
Arizona.....	26	12	6	2	0	1
New Mexico.....	18	14	1	5	1	3
Oklahoma.....	14	9	7	7	3	8
Texas.....	125	62	31	40	15	29
<u>Central</u> .....	1,731	1,262	122	164	151	219
Illinois.....	146	146	29	5	8	22
Indiana*.....	137	98	3	2	0	2
Iowa.....	204	171	41	29	25	41
Michigan.....	229	166	13	23	50	25
Minnesota.....	472	429	55	47	19	73
Missouri.....	127	125	17	22	17	15
Ohio.....	211	45	34	13	8	39
Wisconsin.....	205	89	3	23	22	3
<u>Northwest</u> .....	562	427	26	42	28	124
Colorado.....	102	60	19	18	10	55
Idaho.....	51	49	5	0	0	2
Kansas.....	148	139	21	10	8	17
Montana.....	22	18	13	1	4	13
Nebraska.....	106	76	16	5	3	21
North Dakota.....	32	30	15	0	0	12
South Dakota.....	34	33	0	0	1	0
Utah.....	37	5	5	6	1	2
Wyoming.....	30	27	2	2	1	2
<u>Far West</u> .....	516	450	136	61	67	104
California.....	420	387	126	54	59	85
Nevada.....	2	2	0	0	0	0
Oregon.....	51	49	8	4	2	8
Washington.....	43	12	2	3	6	11

TABLE 1. Existing centers per million population, by specified types of services provided, by State and socioeconomic region, July 1, 1956

State and socioeconomic region	Total existing centers		Existing centers per million population, by types of services provided						
	Number	Per million population	General	Cancer	Dental	Mental hygiene	Orthopedic	Tuberculosis	Other
United States and Territories...	5,947	37	22	6	5	5	7	5	11
Alabama.....	5,787	36	21	6	4	5	7	5	11
Alaska.....	469	46	19	11	8	6	15	10	27
Arizona.....	102	47	7	11	7	6	9	9	14
Arkansas.....	65	71	62	16	16	8	29	9	19
California.....	188	38	17	9	8	6	14	9	32
Colorado.....	35	66	2	17	0	11	17	2	55
Connecticut.....	31	39	13	4	6	3	10	25	19
Delaware.....	28	73	52	23	10	3	34	26	42
District of Columbia.....	1,263	27	14	6	2	12	7	7	7
Florida.....	16	42	21	13	3	3	24	11	11
Georgia.....	18	22	17	15	15	9	15	7	16
Hawaii.....	80	32	15	12	8	12	15	17	23
Idaho.....	194	37	13	9	8	7	11	13	0
Illinois.....	561	37	9	2	3	19	1	1	5
Indiana.....	421	29	17	7	5	7	8	12	2
Iowa.....	73	38	33	9	6	2	16	4	38
Kansas.....	983	20	14	4	4	2	4	2	10
Kentucky.....	161	52	44	3	5	2	5	6	10
Louisiana.....	1	1	1	1	1	1	1	1	0
Maine.....	59	17	4	7	2	4	3	2	5
Maryland.....	136	38	24	8	11	3	7	10	34
Massachusetts.....	120	61	28	4	11	1	2	3	16
Michigan.....	44	15	15	1	3	2	3	1	0
Minnesota.....	46	21	3	2	0	0	2	0	6
Mississippi.....	154	57	13	6	1	2	7	4	13
Missouri.....	60	28	5	4	1	2	9	3	8
Montana.....	59	18	4	1	0	1	1	3	1
Nebraska.....	143	42	3	5	2	2	6	4	10
Nevada.....	183	15	8	4	4	2	2	4	10
New Hampshire.....	26	27	12	6	2	0	1	4	6
New Jersey.....	18	24	19	1	7	1	4	0	12
New Mexico.....	14	6	4	3	3	1	4	2	6
New York.....	125	15	8	4	5	2	4	4	11
North Carolina.....	1,721	41	20	2	4	4	6	4	12
North Dakota.....	146	16	16	3	1	1	2	2	13
Ohio.....	137	32	23	1	2	2	2	3	2
Oklahoma.....	204	77	65	16	11	9	16	12	7
Oregon.....	229	33	24	2	3	7	4	3	7
Pennsylvania.....	472	152	138	18	15	6	23	13	6
Rhode Island.....	127	31	30	4	5	4	9	1	2
South Carolina.....	211	25	5	4	2	1	5	4	19
South Dakota.....	205	57	25	1	6	6	1	1	36
Tennessee.....	562	68	53	12	5	3	15	4	10
Texas.....	102	72	42	13	13	7	39	13	31
Utah.....	51	84	81	8	0	0	3	2	0
Vermont.....	148	75	70	11	5	1	9	5	8
Virginia.....	22	35	29	21	2	0	21	6	3
Washington.....	106	80	57	12	4	2	16	3	9
West Virginia.....	32	50	47	24	0	0	19	0	0
Wisconsin.....	34	52	51	0	0	2	0	0	0
Wyoming.....	37	49	7	7	8	1	3	0	12
Yukon.....	30	99	89	7	7	3	7	0	7
Alaska.....	516	21	27	8	4	4	6	2	7
Arizona.....	420	34	32	10	4	5	7	6	9
California.....	2	10	10	0	0	0	0	0	0
Colorado.....	51	31	30	5	2	1	5	1	1
Connecticut.....	43	17	5	1	1	2	4	3	4
District of Columbia.....	150	52	37	2	21	2	9	15	17
Florida.....	5	31	25	0	0	13	25	19	0
Georgia.....	83	171	114	2	19	10	19	41	60
Hawaii.....	62	28	22	3	23	0	6	9	8

Table 27. DIAGNOSTIC OR TREATMENT CENTERS: Annual visits reported per 1,000 population, by State and socioeconomic region, July 1, 1958

State and socioeconomic region	Number of centers		Annual visits reported per 1,000 population		
	Total existing	Reporting annual visits 2/	Total	Acceptable centers	Non- acceptable
United States and Territories.....	5,937	3,318	271	172	30
United States.....	5,787	3,204	264	169	28
<u>New England</u> .....	449	324	291	168	10
Connecticut.....	102	31	178	151	2
Maine.....	65	54	201	59	8
Massachusetts.....	188	156	379	201	17
New Hampshire.....	35	31	169	195	1
Rhode Island.....	31	31	186	186	
Vermont.....	28	21	128	51	
<u>Middle East</u> .....	1,363	688	445	307	4
Delaware.....	16	10	534	468	5
District of Columbia.....	18	18	774	774	
Maryland.....	80	63	528	488	4
New Jersey.....	194	71	270	203	6
New York.....	561	255	556	292	3
Pennsylvania.....	421	222	348	295	5
West Virginia.....	73	49	324	314	
<u>Southeast</u> .....	983	514	245	168	1
Alabama.....	161	59	407	303	10
Arkansas*.....	1	1	52	52	
Florida.....	59	46	136	94	
Georgia.....	136	78	247	185	
Kentucky.....	120	79	182	67	
Louisiana.....	44	42	483	483	
Mississippi.....	46	42	149	81	
North Carolina.....	154	49	212	164	3
South Carolina.....	60	57	250	94	3
Tennessee.....	59	48	424	172	1
Virginia.....	143	13	85	82	
<u>Southwest</u> .....	183	178	214	195	1
Arizona.....	26	24	441	313	12
New Mexico.....	18	15	190	182	
Oklahoma.....	14	14	88	79	
Texas.....	125	125	223	213	
<u>Central</u> .....	1,731	1,044	225	106	1
Illinois.....	146	146	272	243	2
Indiana*.....	137	118	246	203	4
Iowa.....	204	166	333	214	2
Michigan.....	229	55	28	11	1
Minnesota.....	472	411	1,293	—	—
Missouri.....	127	0	—	—	—
Ohio.....	211	0	—	—	—
Wisconsin.....	205	148	251	213	1
<u>Northwest</u> .....	562	369	189	100	4
Colorado.....	102	81	324	168	15
Idaho.....	51	2	12	12	
Kansas.....	148	118	257	156	4
Montana.....	22	14	183	181	
Nebraska.....	106	99	254	31	2
North Dakota.....	32	0	—	—	—
South Dakota.....	34	33	119	105	1
Utah.....	37	12	64	64	
Wyoming.....	30	10	56	0	—
<u>Far West</u> .....	516	87	26	42	—
California.....	420	0	—	—	—
Nevada.....	2	1	96	96	
Oregon.....	51	51	227	115	—
Washington.....	43	35	217	195	—
<u>Territories</u> .....	150	114	671	321	11
Alaska.....	5	1	25	0	—
Hawaii.....	83	70	1,995	598	—
Puerto Rico*.....	62	43	440	288	12
Virgin Islands.....	—	—	—	—	—

State and socioeconomic region	Number of centers proposed, by types of services provided <sup>1/</sup>						
	General	Cancer	Dental	Mental hygiene	Ortho- pedic	Tuber- culosis	Other
Alaska and Territories .....	1,291	143	251	237	228	141	233
Alaska .....	1,240	130	201	223	217	125	233
Albany.....	107	10	68	25	81	12	125
Albany.....	30	0	0	14	0	11	23
Albany.....	4	1	0	1	1	0	1
Albany.....	66	0	66	1	66	0	66
Albany.....	1	2	0	6	1	0	19
Albany.....	4	6	1	3	2	0	0
Albany.....	2	1	1	0	11	1	16
Albany.....	222	46	51	57	42	22	2
Albany.....	5	3	3	5	2	3	3
Albany.....	0	0	0	0	0	0	0
Albany.....	2 2/	--	--	--	--	--	--
Albany.....	32	37	42	45	35	43	0
Albany.....	67 2/	--	--	--	--	--	--
Albany.....	82	0	0	1	0	0	0
Albany.....	37	6	6	6	6	6	6
Albany.....	204	24	23	22	27	20	27
Albany.....	105 2/	--	--	--	--	--	--
Albany.....	1	5	1	10	10	1	0
Albany.....	118 2/	--	--	--	--	--	--
Albany.....	35	11	13	12	10	12	56
Albany.....	1	2	3	1	1	1	1
Albany.....	6	6	6	6	6	6	0
Albany.....	44 2/	--	--	--	--	--	--
Albany.....	49	0	0	0	0	0	0
Albany.....	43	0	0	0	0	0	0
Albany.....	84	0	0	0	0	0	0
Albany.....	18 2/	--	--	--	--	--	--
Albany.....	86	2	4	6	4	4	2
Albany.....	--	--	--	--	--	--	--
Albany.....	8	5	4	5	4	4	2
Albany.....	23	0	0	1	0	0	1
Albany.....	55	0	0	0	0	0	0
Albany.....	191	4	4	51	3	0	2
Albany.....	44	2	0	0	0	0	0
Albany.....	38	0	0	5	0	0	0
Albany.....	1	0	1	1	0	0	1
Albany.....	34	0	0	20	0	0	0
Albany.....	--	--	--	--	--	--	--
Albany.....	5	1	1	1	1	0	0
Albany.....	13	1	1	1	1	0	1
Albany.....	56	0	1	23	1	0	0
Albany.....	52	10	12	18	28	10	8
Albany.....	27	4	9	8	21	6	8
Albany.....	0	0	0	0	0	0	0
Albany.....	2	0	0	0	0	0	0
Albany.....	9	5	1	0	6	2	0
Albany.....	2	1	2	1	1	1	0
Albany.....	1	0	0	0	0	0	0
Albany.....	9	0	0	9	0	0	0
Albany.....	0	0	0	0	0	0	0
Albany.....	2	0	0	0	0	1	0
Albany.....	75	31	29	37	31	27	29
Albany.....	64	20	29	26	20	19	28
Albany.....	2	2	0	2	2	2	0
Albany.....	1	1	2	1	1	1	1
Albany.....	8	8	8	8	8	5	0
Albany.....	51	12	20	14	11	16	0
Albany.....	6	5	5	6	3	6	0
Albany.....	2	0	0	0	0	0	0
Albany.....	43	8	45	8	8	10	0
Albany.....	--	--	--	--	--	--	--

may provide each of the specified types of services. Includes centers which did not specify that  
 1/ Centers which provide only one type of service are excluded from "Additional  
 2/ Centers which provide only one type of service are excluded from "Additional

State and socioeconomic region	Proposed centers per million population, by type of services provided <sup>1/</sup>					
	General	Cancer	Dental	Dental hygiene	Orthopedic	Tuberculosis
United States and Territories.....	8	1	2	1	1	1
United States.....	8	1	1	1	1	1
<u>New England</u> .....	11	1	2	2	8	1
Connecticut.....	14	0	0	6	0	5
Maine.....	4	1	0	1	1	0
Massachusetts.....	13	0	13	2/	13	0
New Hampshire.....	2	4	0	11	2	0
Rhode Island.....	5	8	1	4	3	0
Vermont.....	5	3	3	0	29	3
<u>Middle East</u> .....	6	1	1	2	1	1
Delaware.....	13	8	8	13	5	8
Dist. of Columbia.....	0	0	0	0	0	0
Maryland.....	1 2/	-	-	-	-	-
New Jersey.....	6	7	8	9	7	8
New York.....	4 2/	-	-	-	-	-
Pennsylvania.....	8	0	0	2/	0	0
West Virginia.....	19	3	3	3	3	3
<u>Southeast</u> .....	15	1	1	1	1	1
Alabama.....	34 2/	-	-	-	-	-
Arkansas*.....	1	3	1	6	6	1
Florida.....	34 2/	-	-	-	-	-
Georgia.....	10	3	4	3	3	3
Kentucky.....	2/	1	1	2/	2/	2/
Louisiana.....	2	2	2	2	2	2
Mississippi.....	20 2/	-	-	-	-	-
North Carolina.....	12	0	0	0	0	0
South Carolina.....	20	0	0	0	0	0
Tennessee.....	25	0	0	0	0	0
Virginia.....	5 2/	-	-	-	-	-
<u>Southwest</u> .....	8	2/	2/	1	2/	2/
Arizona.....	-	-	-	-	-	-
New Mexico.....	11	7	5	7	5	5
Oklahoma.....	10	0	0	2/	0	0
Texas.....	7	0	0	0	0	0
<u>Central</u> .....	5	2/	2/	1	2/	2/
Illinois.....	5	2/	0	0	0	0
Indiana*.....	9	0	0	1	0	0
Iowa.....	2/	0	2/	2/	0	0
Michigan.....	5	0	0	3	0	0
Minnesota.....	-	-	-	-	-	-
Missouri.....	1	2/	2/	2/	2/	0
Ohio.....	2	2/	2/	2/	2/	0
Wisconsin.....	16	0	2/	6	2/	0
<u>Northwest</u> .....	6	1	1	2	2	1
Colorado.....	19	3	6	7	15	4
Idaho.....	0	0	0	0	0	0
Kansas.....	1	0	0	0	0	0
Montana.....	14	8	2	0	10	3
Nebraska.....	2	1	2	1	1	1
North Dakota.....	2	0	0	0	0	0
South Dakota.....	14	0	0	14	0	0
Utah.....	0	0	0	0	0	0
Wyoming.....	7	0	0	0	0	3
<u>Far West</u> .....	5	2	2	2	2	2
California.....	5	2	2	2	2	2
Nevada.....	10	10	0	10	10	10
Oregon.....	1	1	1	1	1	1
Washington.....	3	3	3	3	3	2
<u>Territories</u> .....	18	4	17	5	4	6
Alaska.....	38	31	31	38	19	38
Hawaii.....	4	0	0	0	0	0
Puerto Rico*.....	19	4	20	4	4	4
Virgin Islands.....	-	-	-	-	-	-

1/ A center may provide each of the specified types of services.  
2/ Less than 1.

State and socioeconomic region	Existing facilities					
	Number 1959	For million population	Number 1960	For million population	Non- acceptable	Un- classified
United States and Territories.....	1,599	6.8	765	4.7	215	119
Alabama.....	1,009	6.7	763	4.8	213	93
Alaska.....	72	7.7	40	4.1	24	1
Arizona.....	15	6.9	11	5.1	3	1
Arkansas.....	7	7.2	0	0	2	0
California.....	47	9.6	19	3.9	28	0
Colorado.....	4	7.6	4	7.6	0	0
Connecticut.....	5	6.3	5	6.3	0	0
Delaware.....	2	5.2	1	2.6	1	0
District of Columbia.....	411	11.1	293	7.9	77	41
Florida.....	7	18.4	7	18.4	0	0
Georgia.....	29	25.6	17	20.7	4	0
Hawaii.....	27	22.6	49	19.4	8	0
Idaho.....	23	4.0	15	3.9	6	0
Illinois.....	172	11.2	108	7.0	25	39
Indiana.....	105	9.8	72	6.7	31	2
Iowa.....	20	14.9	25	12.5	3	0
Kansas.....	142	4.4	86	2.6	51	8
Kentucky.....	1	.3	1	.3	0	0
Louisiana.....	20	11.3	17	9.6	3	0
Maine.....	30	9.0	27	7.9	4	0
Maryland.....	37	10.4	6	0	37	0
Massachusetts.....	4	1.4	1	.3	0	3
Michigan.....	12	4.3	12	4.1	0	0
Minnesota.....	10	4.0	9	6.3	1	0
Mississippi.....	4	1.0	4	1.0	0	0
Missouri.....	7	3.2	5	2.3	2	0
Montana.....	11	1.9	9	2.7	4	0
Nebraska.....	6	1.0	1	.3	0	5
Nevada.....	26	4.6	42	3.4	8	6
New Hampshire.....	4	4.2	4	4.2	0	0
New Jersey.....	4	5.3	3	4.0	1	0
New Mexico.....	7	7.1	4	1.8	3	0
New York.....	41	5.0	11	3.8	4	6
North Carolina.....	229	5.1	217	5.1	21	11
North Dakota.....	6	.7	5	.5	1	0
Ohio.....	8	1.9	0	0	0	8
Oklahoma.....	10	3.8	4	1.5	3	3
Oregon.....	47	6.7	31	4.4	16	0
Pennsylvania.....	28	16.7	50	16.1	8	0
Rhode Island.....	13	1.2	13	3.2	0	0
South Carolina.....	12	1.4	12	1.4	0	0
South Dakota.....	105	29.4	102	28.5	3	0
Tennessee.....	74	2.2	58	7.0	9	7
Texas.....	20	14.0	14	9.8	6	0
Vermont.....	3	5.0	1	1.7	2	0
Virginia.....	1	.5	1	.5	0	0
Washington.....	2	11.1	0	0	0	7
West Virginia.....	27	27.9	36	27.1	1	0
Wisconsin.....	1	1.6	1	1.6	0	0
Wyoming.....	3	4.6	3	4.6	0	0
Un- classified.....	2	2.7	2	2.7	0	0
Un- classified.....	0	0	0	0	0	0
Un- classified.....	42	3.0	27	1.6	2	19
Un- classified.....	18	1.4	18	1.4	0	0
Un- classified.....	0	0	0	0	0	0
Un- classified.....	22	13.5	1	.6	2	19
Un- classified.....	0	3.7	8	3.3	1	0
Un- classified.....	30	10.4	2	.2	2	26
Un- classified.....	2	12.6	0	0	2	0
Un- classified.....	8	16.5	2	4.1	0	6
Un- classified.....	20	8.9	0	0	0	20
Un- classified.....	---	---	---	---	---	---



State and socioeconomic region	Total existing facilities	Number of existing facilities, by disability group				
		Cardiac	Orthopedic	Neurological	Tubercular	Don't know
United States and Territories...	1,069	387	711	595	211	24
United States.....	1,069	385	695	583	201	24
<u>New England</u> .....	72	37	27	41	18	1
Connecticut.....	15	11	12	12	2	
Maine.....	2	0	1	0	0	
Massachusetts.....	47	22	35	22	14	
New Hampshire.....	4	0	4	0	0	
Rhode Island.....	5	3	5	5	1	
Vermont.....	2	1	2	2	1	
<u>Middle East</u> .....	411	170	239	247	77	10
Delaware.....	7	0	6	1	1	
District of Columbia.....	21	10	13	12	12	
Maryland.....	59	29	34	31	20	1
New Jersey.....	21	4	12	19	0	
New York.....	172	78	126	127	31	5
Pennsylvania*.....	105	37	85	48	5	2
West Virginia*.....	28	12	13	9	8	
<u>South-east</u> .....	145	25	71	21	18	2
Alabama.....	1	0	1	1	1	
Arkansas*.....	20	3	7	4	0	
Florida.....	31	5	16	15	1	
Georgia.....	37	10	22	14	9	1
Kentucky.....	4	2	4	3	1	
Louisiana.....	12	0	4	2	2	
Mississippi*.....	10	0	5	1	1	
North Carolina.....	4	1	3	3	0	
South Carolina.....	7	2	5	2	2	
Tennessee.....	13	1	3	3	0	
Virginia.....	6	1	3	1	1	
<u>South-west</u> .....	26	6	28	41	4	1
Arizona*.....	4	0	3	4	0	
New Mexico.....	4	0	1	1	0	
Oklahoma.....	7	4	6	7	2	
Texas.....	41	2	28	29	2	
<u>Central</u> .....	252	104	147	146	66	4
Illinois.....	6	4	6	5	1	
Indiana.....	8	1	3	3	1	
Iowa.....	10	3	5	5	3	
Michigan.....	47	26	41	41	9	1
Minnesota.....	53	24	32	29	11	1
Missouri*.....	13	5	8	11	5	
Ohio.....	12	8	9	8	9	
Wisconsin.....	105	33	43	34	27	
<u>North-west</u> .....	74	30	50	43	16	2
Colorado.....	20	10	11	15	8	1
Idaho.....	3	1	2	1	0	
Kansas.....	1	0	0	0	0	
Montana.....	7	1	6	0	0	
Nebraska.....	37	17	26	26	8	2
North Dakota.....	1	0	1	0	0	
South Dakota.....	3	0	3	0	0	
Utah.....	2	1	1	1	0	
Wyoming.....	0	0	0	0	0	
<u>Far West</u> .....	49	13	43	29	2	2
California*.....	18	8	16	16	2	
Nevada.....	0	0	0	0	0	
Oregon.....	22	1	18	4	0	
Washington.....	9	4	7	9	0	
<u>Territories</u> .....	20	2	16	4	10	
Alaska.....	2	0	1	0	1	
Hawaii.....	8	2	5	3	3	
Puerto Rico*.....	20	0	10	1	6	
Virgin Islands.....	--	--	--	--	--	

1/ Since a facility may serve each of the specified disability groups, these data will



Table 33. REHABILITATION FACILITIES: Individuals served annually 1/ per 1,000 population by adoptability of existing facilities, by State and socioeconomic region, July 1, 1960

State and socioeconomic region	Number of facilities		Individuals served annually 1/ per 1,000		
	Total existing	Reporting individuals served	Facilities reporting	Adoptable facilities	Nonadoptable facilities
United States and Territories..	1,099	794	14.5	13.4	0.9
United States.....	1,069	794	14.7	13.6	.9
<b>Now England</b> .....	72	32	12.2	7.2	4.2
Connecticut.....	15	4	1.0	.8	.2
Maine.....	2	2	.1	0	.1
Massachusetts.....	47	20	24.1	14.6	9.4
New Hampshire.....	4	1	.2	.2	0
Rhode Island.....	5	5	2.4	2.4	0
Vermont.....	2	1	1.9	0	1.9
<b>Middle East</b> .....	411	284	34.6	22.1	12.3
Delaware.....	7	--	--	--	--
District of Columbia.....	21	21	32.7	28.1	4.7
Maryland.....	57	56	414.0	404.7	9.3
New Jersey.....	21	20	2.0	1.9	.2
New York.....	172	110	8.4	7.1	.4
Pennsylvania*.....	105	72	5.2	4.4	.7
West Virginia*.....	20	4	.2	.2	0
<b>Southeast</b> .....	142	109	1.0	2.4	.2
Alabama.....	1	1	.1	.1	0
Arkansas*.....	20	18	1.2	1.0	.2
Florida.....	31	24	14.2	14.0	.2
Georgia.....	37	30	7.5	0	7.5
Kentucky.....	4	4	.7	.1	0
Louisiana.....	12	0	0	0	0
Mississippi*.....	10	10	5.9	5.4	.5
North Carolina.....	4	4	.2	.2	0
South Carolina.....	7	3	.3	0	.3
Tennessee.....	13	11	1.6	1.3	.4
Virginia.....	6	2	.4	.2	0
<b>Southwest</b> .....	56	24	2.1	1.8	.2
Arizona*.....	4	4	3.5	3.5	0
New Mexico.....	4	4	5.5	5.1	.2
Oklahoma.....	7	7	3.4	2.6	.8
Texas.....	41	39	6.1	4.0	.1
<b>Central</b> .....	259	199	12.4	12.0	.4
Illinois.....	6	6	5.1	5.1	0
Indiana.....	8	0	0	0	0
Iowa.....	10	10	.8	.5	.2
Michigan.....	47	33	14.3	11.7	1.6
Minnesota.....	58	47	31.2	29.6	1.6
Missouri*.....	13	8	2.0	2.0	0
Ohio.....	12	12	.8	.8	0
Wisconsin.....	105	74	111.8	111.8	0
<b>Northwest</b> .....	74	55	13.2	12.4	.1
Colorado.....	20	10	16.7	16.4	.3
Idaho.....	3	3	.6	.2	.4
Kansas.....	1	1	0	0	0
Montana.....	7	0	0	0	0
Nebraska.....	37	36	60.8	60.5	.3
North Dakota.....	1	1	.1	.1	0
South Dakota.....	3	2	2.2	2.2	0
Utah.....	2	2	8.0	8.0	0
Wyoming.....	0	0	0	0	0
<b>Far West</b> .....	49	19	1.0	1.0	0
California*.....	18	13	1.2	1.2	0
Nevada.....	0	0	0	0	0
Oregon.....	22	2	.4	.3	.1
Washington.....	9	4	.3	.2	.2
<b>Territories</b> .....	30	10	4.2	.1	1.4
Alaska.....	2	1	26.2	0	26.2
Hawaii.....	8	2	.4	.4	0

United States and Territories	56 h/	43	6	224	20	267	26	53
United States	56 h/	43	6	218	20	261	26	52
New England	2	1	0	12	1	12	1	2
Connecticut	1	1	0	5	0	6	0	
Maine	0	0	0	1	0	1	0	
Massachusetts	2	0	0	2	0	2	0	1
New Hampshire	0	0	0	2	0	2	0	
Rhode Island	0	0	0	1	1	1	1	
Vermont	0	0	0	1	0	1	0	
Middle East	25	21	2	83	0	104	2	12
Delaware 5/	0	0	0	0	0	0	0	
District of Columbia	4	3	1	3	0	6	1	
Maryland	0	0	0	1	0	1	0	
New Jersey	1	1	0	16	0	17	0	1
New York	11	11	0	40	0	51	0	5
Pennsylvania*	6	5	0	19	0	24	0	3
West Virginia*	3	1	1	4	0	5	1	
Southwest	2	2	0	45	12	47	12	10
Alabama	1	1	0	7	1	8	1	1
Arkansas*	0	0	0	1	0	1	0	
Florida	2	1	0	5	0	6	0	
Georgia	0	0	0	2	8	2	8	
Kentucky	0	0	0	1	0	1	0	
Louisiana	0	0	0	5	0	5	0	
Mississippi*	0	0	0	3	1	3	1	
North Carolina	0	0	0	10	0	10	0	
South Carolina	0	0	0	5	0	5	0	
Tennessee	0	0	0	4	2	4	2	
Virginia	0	0	0	2	0	2	0	
Southwest	2	2	0	7	2	9	2	4
Arizona*	1	1	0	2	0	3	0	
New Mexico	0	0	0	1	0	1	0	
Oklahoma	0	0	0	1	0	1	0	
Texas	1	1	0	3	2	4	2	
Central	12	14	3	38	3	52	6	14
Illinois	0	0	0	8	0	8	0	
Indiana	0	0	0	3	0	3	0	
Iowa	3	2	0	2	0	4	0	
Michigan	1	1	0	3	0	4	0	
Minnesota	2	2	0	4	0	6	0	
Missouri*	3	3	0	6	0	9	0	
Ohio	5	4	1	3	1	7	2	
Wisconsin	5	2	2	9	2	11	4	
Northwest	1	0	1	12	1	12	2	
Colorado	0	0	0	1	0	1	0	
Idaho	0	0	0	1	0	1	0	
Kansas	0	0	0	2	1	2	1	
Montana	0	0	0	1	0	1	0	
Nebraska	1	0	1	3	0	3	1	
North Dakota	0	0	0	2	0	2	0	
South Dakota	0	0	0	2	0	2	0	
Utah	0	0	0	1	0	1	0	
Wyoming 5/	0	0	0	0	0	0	0	
Far West	2	2	0	20	1	23	1	
California*	3	3	0	14	0	17	0	
Nevada 5/	0	0	0	0	0	0	0	
Oregon	0	0	0	2	1	2	1	
Washington	0	0	0	4	0	4	0	
Territories	0	0	0	6	0	6	0	
Alaska	0	0	0	3	0	3	0	
Hawaii	0	0	0	1	0	1	0	
Puerto Rico*	0	0	0	2	0	2	0	
Virgin Islands	--	--	--	--	--	--	--	

1/ As defined in Section 631(n) of the Public Health Service Act, these facilities offer "an integrated program of medical, psychological, social, and vocational evaluation and services under competent supervision...."

2/ As classified by the State Agencies on the basis of fire and health hazards.

3/ According to standards prescribed by Regulations, under the Public Health Service Act: the number of existing proposed integrated service units for each disability, whether in multiple disability type facilities or in single disability type facility, may not exceed one per 300,000 population.

4/ Includes 7 facilities which have been classified as nonacceptable.

5/ Funds transferred from California, Delaware, to Pennsylvania; Wyoming—to Utah; Nevada—to California.

State	Name of facility	Location	Phys- ician	Ortho- pedic	Neuro- logical	Tuber- culosis	Other
Alabama	Tuskegee Rehabilitation Center.....	Tuskegee.....			x	x	x
Arizona *	Samuel Goyers Memorial Clinic.....	Phoenix.....		x	x		x
California *	My T. Morrison Center for Rehabilitation.....	San Francisco.....	x	x	x		
	Stanford University Medical School and Hospital Rehabilitation Center.....	Stanford.....	x	x	x	x	x
	College of Osteopathic Physicians and Surgeons..	Los Angeles.....	x	x	x		
Connecticut	Commission on the Care and Treatment of the Chroni- cally Ill, Aged, and Infirm.....	Rocky Hill.....	x	x	x		x
Dist. of Col.	D. C. General Hospital.....	Washington.....	x	x	x	x	x
	Georgetown University Hospital.....	Washington.....	x	x	x	x	
	George Washington Univer- sity Hospital.....	Washington.....	x	x	x	x	x
	Glenn Dale Hospital, D.C. Public Health Dept..	Washington.....				x	
Florida	Happiness House, Inc. ....	Sarasota-Piedmont..		x	x		
	United Cerebral Palsy Assn. of Miami, Inc. 2/...	Miami.....		x	x		
Iowa	Iowa Vocational Reha- bilitation Center 2/.....	Des Moines.....	x	x	x	x	x
	Iowa Society for Crippled Children and Adults.....	Des Moines.....	x	x	x		x
	Children's Hospital.....	Iowa City.....		x	x		
Massachusetts	New England Medical Center 2/.....	Boston.....	x	x	x		x
	Essex Sanatorium 2/.....	Middleton.....				x	
Michigan	Rehabilitation Institute of Metropolitan Detroit.....	Detroit.....		x	x		x
Minnesota	University of Minnesota Hospitals - May Hem. Medical Center and Varsity Club Heart Hospital.....	Minneapolis.....	x	x	x	x	x
	Mayo Clinic - Section of Physical Medicine and Rehabilitation and St. Mary's Hospital.....	Rochester.....	x	x	x	x	

1/ As defined in Section 631(n) of the Public Health Service Act, these facilities offer "an integrated medical, psychological, social, and vocational evaluation and services under competent supervision."

2/ Facility was classified as "unavailable".

State	Name of Facility	Location	Disability groups served						
			Cardiac	Orthopedic	Neurological	Tubercular	Deaf	Blind	Other
Ill.	St. Francis Hospital.....	Chicago.....		x	x				
	Merion Donaghy Hospital.....	St. Louis.....	x	x	x	x	x	x	x
	Jewish Hospital of St. Louis.....	St. Louis.....		x	x				x
	Kalmanku Psychiatric Institute.....	Orma.....							x
N.Y.	Kennedy Institute for Rehabilitation.....	West Orange.....		x	x				
	Chronia Disease Research Institute of the Medical School of the University of Buffalo.....	Buffalo.....	x	x	x				x
	E. J. Myer Memorial Hospital.....	Buffalo.....	x	x	x	x			x
	Parko Foundation Convalescent Home.....	White Plains.....	x	x	x	x	x	x	x
	Jewish Chronic Disease Hospital.....	Brooklyn.....	x	x	x				
	Kings County Hospital Center.....	Brooklyn.....	x	x	x	x			x
	Palladium Hospital.....	New York.....	x	x	x	x			x
	Mt. S. Color Hospital.....	New York.....	x	x	x				
	Goldwater Phrenic Hospital.....	New York.....	x	x	x				
	Hospital for Joint Diseases.....	New York.....	x	x	x		x	x	x
	Institute for Crippled and Disabled.....	New York.....	x	x	x	x	x		x
	Institute of Physical Medicine and Rehabilitation.....	New York.....	x	x	x				
	Cleveland Rehabilitation Center.....	Cleveland.....	x	x	x	x			
	Juny Aeron Hospital.....	Cleveland.....				x			
Ohio	Ohio State University Rehabilitation Center....	Columbus.....	x	x	x				x
	Ohio Tuberculosis Hospital.....	Columbus.....		x		x			
	Cincinnati Goodwill Industries and Rehabilitation Center.....	Cincinnati.....	x	x	x	x		x	

State	Name of facility	Location	Disabilities Grouped by			
			Cere- bral	Ortho- pedic	Neuro- logical	Tuber- cular
Pennsylvania *	D. T. Watson Home for Crippled Children.....	Leetonia.....		x	x	
	Herrnville Convalescent and Rehabilitation Center.....	Herrnville.....	x	x		
	Merwood Rehabilitation Center 2/.....	Philadelphia.....	x	x	x	
	Philadelphia General Hospital Blockley Division.....	Philadelphia.....	x	x	x	x
	Rehabilitation Center at Philadelphia.....	Philadelphia.....	x	x	x	
	Elwyn Training School.....	Elwyn.....	x	x	x	
Texas	Hodgson Hospital and Clinic.....	Houston.....		x	x	
West Virginia *	Huntington State Hospital 2/.....	Huntington.....				
	Morrin Memorial.....	Milton.....	x	x	x	
	Jackson State Hospital.....	Jackson.....				x
Wisconsin	Luther Hospital.....	East Chippewa.....	x	x	x	
	State Rehabilitation Camp.....	Lake Tomahawk.....				x
	Wisconsin Neurological Foundation.....	Madison.....			x	
	Curative Workshop of Milwaukee.....	Milwaukee.....	x	x	x	
	Oshkosh Curative Workshop 2/.....	Oshkosh.....	—	—	—	—

2/ Facility was classified as "unavailable".

\* Data from State Hospital and Medical Facilities Plan for 1957 fiscal year.

Note: A dash (—) indicates that data are not available.

Table S-1. HILL-BURTON CONSTRUCTION:

Projects approved, facilities provided and estimated cost  
January 1, 1958

Type of facility	Projects			Facilities provided				Estimated cost		
	Number	Percent distri- bution		Beds		Units	Percent distri- bution	Total	Percent distri- bution	Am (thou.)
				Number	Percent distri- bution					
All categories .....	3,725	100.0		161,200	100.0	974	100.0	\$3,073,552	100.0	\$957
General, total .....	2,437	65.4		128,359	79.6	87	8.9	2,512,941	81.7	783
General .....	2,350	63.1		125,075	77.6	xx	xx	2,462,836	80.1	762
General & PHC .....	87	2.3		3,284	2.0	87	8.9	50,106	1.6	20
Tuberculosis .....	69	1.8		7,118	4.4	xx	xx	68,515	2.2	24
Mental .....	108	2.9		13,663	8.5	xx	xx	106,452	3.5	40
Chronic .....	125	3.4		7,518	4.7	xx	xx	106,253	3.4	29
Nursing homes .....	99	2.6		4,542	2.8	xx	xx	48,375	1.6	14
Diagnostic centers .....	153	4.1		xx	xx	153	15.7	63,627	2.1	17
Rehabilitation facilities .....	66	1.8		xx	xx	66	6.8	51,966	1.7	10
Public health centers .....	647	17.4		xx	xx	647	66.4	91,629	3.0	32
State health laboratories .....	21	.6		xx	xx	21	2.2	23,794	.8	5

Note: Due to rounding, figures will not always add to the totals shown.

Source: U. S. Public Health Service, Division of Hospital and Medical Facilities. The Hospital and Medi-  
 Facilities Construction Program; Semiannual Analysis of Projects Approved for Federal Aid. Wash-  
 The Division, January 27, 1958, p. 18. Processed.



(Excludes Federal facilities)

Type of service	Existing beds			Additional beds needed	Total beds allowed by State ratio
	Total	Accept- able 1/	Non- acceptable		
Number of beds					
All categories .....	1,521,267	1,238,188	283,079	1,211,141	2,444,720
Hospitals .....	1,299,832	1,125,169	174,663	938,474	2,009,040
General .....	632,674	559,818	72,856	185,776	745,010
Tuberculosis .....	87,967	79,523	8,444	37,323	114,444
Mental .....	528,406	441,691	86,715	409,719	840,788
Chronic .....	50,785	44,137	6,648	264,656	308,792
Nursing homes .....	221,435	113,010	108,416	322,667	435,680
Beds per 1,000 population 2/					
All categories .....	9.05	7.36	1.68	7.20	14.50
Hospitals .....	7.73	6.69	1.04	5.28	11.90
General .....	3.76	3.33	.43	1.10	4.44
Tuberculosis .....	.52	.47	.05	.22	.66
Mental .....	3.14	2.63	.52	2.38	5.00
Chronic .....	.30	.26	.04	1.57	1.88
Nursing homes .....	1.32	.67	.64	1.92	2.50

<sup>1/</sup> As classified by the State agencies on the basis of fire and health hazards.<sup>2/</sup> Ratios prescribed by the Public Health Service Act or regulations:

- General - 4.5 beds per 1,000 population (except 5.0 and 5.5 where State population density is from 6 to 12 per sq. mile or below 6 per sq. mile).
- Mental - 5 beds per 1,000 population.
- Tuberculosis - 1.5 beds per average number of active and probably active new cases, for latest 2-year period.
- Chronic - 2 beds per 1,000 population. See below for modification.
- Nursing homes - 1-3 beds per 1,000 population, at the option of the State; not to exceed 4 beds per 1,000 provided the total of nursing home beds and chronic disease beds is planned not to exceed 5 beds per 1,000 population.

<sup>3/</sup> Based on civilian population of 168,156,000, as reported in the State Plans.

Source: U. S. Public Health Service, Division of Hospital and Medical Facilities. Hospital and Medical Facilities in the United States. According to State Plans Approved Under Title VI of the Public Health Service Act as of January 1, 1958. Processed.

Categories .....	xx	6,711	xx	xx	xx
Public health centers .	xx	<u>2,041</u>	<u>2,367</u>	<u>4,408</u>	xx
Primary .....	xx	988	1,310	2,298	5,695
Auxiliary .....	xx	1,053	1,057	2,110	xx
Diagnostic or treatment centers .....	6,420 2/	3,623	1,407	5,030	15,036
Rehabilitation facilities .....	<u>1,406</u> 2/	<u>1,047</u>	xx	xx	xx
Comprehensive .....	79	75	231	310	559

As classified by the State agencies on the basis of fire and health hazards.

Ratios prescribed in Public Health Service Act or regulations:

- Public health centers - Not to exceed 1 primary center per 30,000 population, (or 1 per 20,000 population when State population density is below 12 per sq. mile).
- Diagnostic or treatment centers - Not to exceed 1 per 10,000 State population to provide minimum services of clinical laboratory and diagnostic X-ray, but excluding offices of private physicians and dentists and industrial or other clinics not furnishing a community service.
- Rehabilitation facilities - Not to exceed 1 for each 300,000 State population and major fraction thereof, to provide an integrated service unit for each disability, either in multiple disability facilities or in single disability facilities.

Source: U. S. Public Health Service, Division of Hospital and Medical Facilities. Hospital and Medical Facilities in the United States. According to State Plans Approved Under Title VI of the Public Health Service Act as of January 1, 1954. Processed.